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(54) Title: METHOD OF TREATMENT FOR LUNG DI	ISEASE	S USING ANTISENSE OLIGONUCLEOTIDES		
(57) Abstract				
(57) Abstract  A method of treating airway disease in a subject in net to the subject an antisense oligonucleotide in an amount effe				

to the subject an antisense offgonucleoffide in an amount effective to free of adenosine. Pharmaceutical formulations are also disclosed.

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## METHOD OF TREATMENT FOR LUNG DISEASES USING ANTISENSE OLIGONUCLEOTIDES

This invention was made with Government support under grant RO1CA47217-06 from the National Cancer Institute. The Government has certain rights to this invention.

#### Field of the Invention

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This application concerns a method of administering antisense oligonucleotides essentially free of adenosine as a treatment for lung diseases.

#### Background of the Invention

oligonucleotides have 10 Antisense considerable theoretical consideration as potentially useful pharmacologic agents in human disease. R. Wagner, (1994).However, practical 372, 333-335 Nature applications of these molecules in actual models of human 15 disease have been elusive. One important consideration in the pharmacologic application of these molecules is route of administration. Most experiments utilizing antisense oligonucleotides in vivo have involved direct application to limited regions of the brain (see C. 20 Wahlestedt, Trends in Pharmacological Sciences 15, 42-46 (1994); J. Lai et al., Neuroreport 5, 1049-1052 (1994); K. Standifer et al., Neuron 12, 805-810 (1994); Akabayashi et al., Brain Research 21, 55-61 (1994)), or to spinal fluid (see e.g. L. Tseng et al., European J. 25 Pharmacol. 258, R1-3 (1994); R. Raffa et al., European J. Pharmacol. 258, R5-7 (1994); F. Gillardon et al., (1994)). European J. Neurosci. 6, 880-884 applications have limited clinical utility due to their invasive nature.

systemic administration of . The antisense oligonucleotides also poses significant problems with respect to pharmacologic application, not the least of which is the difficulty in targeting disease-involved 5 tissues. In contrast, the lung is an excellent potential target for antisense oligonucleotide application since it may be approached noninvasively and in a tissue-specific manner. Additionally, the lung represents an exceptional target for antisense ODN therapeutics ascompared to other 10 in vivo target organs or tissues, possibly because the lung is lined with surfactant which consists primarily of cationic lipids, well known to enhance cellular uptake of ODNs in other systems. However, the technology involved in delivering antisense agents to the lung remains 15 relatively undeveloped, and potential problems related to the application of antisense agents to the lung remain unexplored.

a purine which contributes Adenosine, intermediary metabolism and participates regulation of physiological activity, is a recognized 20 This nucleoside is involved in many neuromodulator. local regulatory mechanisms, in particular at synapses in the CNS and at neuroeffector junctions in the periphery. In the CNS adenosine is known to inhibit the release of a variety of neurotransmitters (noradrenaline, serotonin, GABA, acetylcholine, dopamine, glutamate, etc.), to inhibit neurotransmission, depress neuronal induce spinal analgesia, and to possess anxiolytic properties (E.S. Ben-Soreket al., Archives of Internal 30 Medicine 153, 2701-2702 (1993)). In the heart, adenosine is known to slow atrioventricular (AV) conduction, suppress pacemaker activity, possess antiarrhythmic effects, modulate autonomic control, and to trigger the synthesis and release of prostaglandins. M.K. Church et J. Allergy & Clinical Immunology 92, 190-194 It also possesses potent vasodilatory effects and modulates vascular tone. S.T. Holgate et al., Annals

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of the New York Academy of Sciences 629, 227-236 (1991).

As a therapeutic agent, adenosine has achieved considerable recent success as an antiarryhthmic agent in 5 the treatment of supraventricular tachycardia. See C.G. DeGroff and M.J. Silka, Journal of Pediatrics 125, 822-823 (1994); I. Drake et al., Human and Exp. Toxicol. 13, However, many adverse effects of 263-265 (1994). adenosine treatment have been reported in the literature. 10 See, e.g., A. Aggarwal, et al., Anesthesiology 79, 1132-1135 (1993); K.K. Burkhart, American J. Emergency Med. 11, 249-250 (1993); S.K. Srinivasan and P.J. Iversen, J. Clin. Lab. Analysis 9, 129- 137 (1995); C.A. Stein et al., Pharmacology & Therapeutics 52, 365-384 (1991); B.B. 15 Fredholm et al., Pharmacological Reviews 46, 143-156 (1994); H. Saito, et al., Blood 66, 1233-1240 (1985). In particular, asthmatic individuals show sensitivity to adenosine and adenosine monophosphate. See, J.H. Butterfield et al., Leukemia Res. 12, 345-355 (1988); CLONETICS: Normal Human Cell Systems Manual 20 Wagner, Nature 372, 333-335 (1994). (1995); R.W. Serious, near-fatal induction of bronchospasm occurred in asthmatic individuals administered adenosine for supraventricular tachycardia. See, S. Tabor, in: Current Protocols in Molecular Biology, Vol. 1, Section 3.10.2 (John Wiley & Sons, 1987); J.H. Weiss, Id., at Section 6.2.2.

Similarly, asthmatic rabbits produced using the dust mite allergic rabbit model of human asthma also were shown to respond to aerosolized adenosine with marked bronchoconstriction, while non asthmatic rabbits showed no response. S. Ali et al., Agents Actions 37, 165-176 (1992). Recent work using this model system has suggested that adenosine-induced bronchoconstriction and bronchial hyperresponsiveness in asthma are mediated primarily through the stimulation of adenosine receptors. S. Ali et

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al., J. Pharmacol. Exp. Ther. 268, 1328-1334 (1994); S. Ali et al., Am. J. Physiol 266, L271-277 (1994).

Accordingly, adenosine is contraindicated in the lungs of asthmatics (who represent 10% of the adult 5 and 15% of the pediatric population in the United States). Since antisense ODNs are typically composed of all four base pairs, adenine, guanine, cytosine and thymidine, their breakdown products will produce free deoxyadenosine monophosphate in these hyperresponsive airways. Deoxyadenosine monophosphate differs from adenosine monophosphate only by the loss of an oxygen atom on the 3' carbon of the sugar moiety.

#### Summary of the Invention

A first aspect of the present invention is a method of treating airway disease in a subject in need of such treatment. The method comprises administering an antisense oligonucleotide essentially free of adenosine to the lungs of the subject in an amount effective to treat the airway disease.

A second aspect of the present invention is a pharmaceutical composition, comprising, together in a pharmaceutically acceptable carrier, an antisense oligonucleotide essentially free of adenosine in an amount effective to treat an airway disease.

A third aspect of the present invention is the use of an antisense oligonucleotide essentially free of adenosine as given above for the preparation of a medicament for treating airway disease in a subject in need of such treatment.

#### Brief Description of the Drawings

Figures 1-4 demonstrate that antisense oligonucleotides can be utilized as effective agents in the treatment or prevention of airway diseases.

Figure 1 illustrates the effects of  $A_1$  adenosine receptor antisense oligonucleotides and mismatch control

antisense oligonucleotides on the dynamic compliance of the bronchial airway in a rabbit model. **Figure 2** illustrates the specificity of A<sub>1</sub> adenosine receptor antisense oligonucleotides as indicated by the A<sub>1</sub> and A<sub>2</sub> adenosine receptor number present in A<sub>1</sub> adenosine receptor antisense oligonucleotide-treated airway tissue.

Figure 3 is a graphical representation illustrating that aerosolized deoxyadenosine monophosphate is a potent bronchoconstrictor in asthmatic pathways of allergic rabbits. Further, the figure shows that the effect of deoxyadenosine monophosphate is equipotent to that observed for adenosine monphosphate.

Figure 4 is a graphical representation illustrating that bronchoconstrictor effects occur with aerosolized phosphorothicate oligodeoxynucleotides containing adenosine, but not with oligodeoxynucleotides that are free of adenosine.

### Detailed Description of the Invention

Nucleotide sequences are presented herein by 20 single strand only, in the 5' to 3' direction, from left Nucleotides and amino acids are represented to right. herein in the manner recommended by the IUPAC-IUB Biochemical Nomenclature Commission, or (for amino acids) by three letter code, in accordance with 37 CFR §1.822 25 and established usage. See, e.g., PatentIn User Manual, 99-102 (Nov. 1990) (U.S. Patent and Trademark Office, Office of the Assistant Commissioner for Patents, 20231); U.S. Patent No. 4,871,670 to Washington, D.C. Hudson et al. at Col. 3 · lines 20-43 (applicants 30 specifically intend that the disclosure of this and all other patent references cited herein be incorporated herein by reference).

The method of the present invention may be used to treat airway disease in a subject for any reason, with the intention that adenosine content of antisense compounds be eliminated or reduced so as to prevent its

liberation upon antisense degredation. Such liberation may cause serious, even life-threatening, bronchoconstriction in patients with hyperreactive airways. Examples of airway diseases that may be treated by the method of the present invention include cystic fibrosis, asthma, chronic obstructive pulmonary disease, bronchitis, and other airway diseases characterized by an inflammatory response.

Antisense oligonucleotides to the A<sub>1</sub> and A<sub>3</sub> 10 receptors are shown to be effective in the downregulation of  $A_1$  or  $A_3$  in the cell. One novel feature of this treatment, as compared to traditional treatments for adenosine-induced bronchoconstriction, is that administration is direct to the lungs. Additionally, a receptor protein itself is reduced in amount, rather than 15 merely interacting with a drug, and toxicity is reduced. Other proteins that may be targeted with antisense agents for the treatment of lung conditions include, but are not limited to: human A2a adenosine receptor, human A2b adenosine receptor, human IgE receptor  $\beta$ , human Fc-20 epsilon receptor CD23 antigen, human histidine decarboxylase, human beta tryptase, human tryptase-I, human prostaglandin D synthase, human cyclooxygenase-2, human eosinophil cationic protein, human eosinophil derived neurotoxin, human eosinophil peroxidase, human 25 adhesion molecule-1 (ICAM-1), intercellular vascular cell adhesion molecule 1 (VCAM-1), human endothelial leukocyte adhesion molecule (ELAM-1), human P selectin, human endothelial monocyte activating factor, 30 human IL-3, human IL-4, human IL-5, human IL-6, human IL-8, human monocyte-derived neutrophil chemotactic factor, human neutrophil elastase, human neutrophil oxidase factor, human cathepsin G, human defensin 1, human defensin 3, human macrophage inflammatory protein-1alpha, human muscarinic acetylcholine receptor HM1, human muscarinic acetylcholine receptor HM3, human fibronectin, human GM-CSF, human tumor necrosis factor  $\alpha$ , human

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leukotriene C4 synthase, human major basic protein, and human endothelin 1. In these latter targets, and in target genes in general, it is particularly imperative to eliminate or reduce the adenosine content of the 5 corresponding antisense oligonucleotide to prevent their breakdown products from liberating adenosine.

As used herein, the term "treat" or "treating" a lung disease refers to a treatment which decreases the likelihood that the subject administered such treatment 10 will manifest symptoms of the lung disease. inducing a decrease "downregulate" refers to production, secretion or availability (and thus a decrease in concentration) of the targeted intracellular protein.

The present invention is concerned primarily 15 with the treatment of human subjects but may also be employed for the treatment of other mammalian subjects, such as dogs and cats, for veterinary purposes. Targeted proteins are preferably mammalian and more preferably of the same species as the subject being treated. 20

In general, "antisense" refers to the use of synthetic oligonucleotides, resembling singlestranded DNA, to inhibit gene expression by inhibiting function of the target messenger RNA 25 Milligan, J.F. et al., J. Med. Chem. 36(14), 1923-1937 In the present invention, inhibition of gene expression of the  $A_1$  or  $A_3$  adenosine receptor is desired. Gene expression is inhibited through hybridization to coding (sense) sequences in a specific messenger RNA (mRNA) target by hydrogen bonding according to Watson-The mechanism of antisense Crick base pairing rules. exogenously the is that inhibition oligonucleotides decrease the mRNA or protein levels of gene or cause changes in the target 35 characteristics or shapes of the cells. Id. See also Helene, C. and Toulme, J., Biochim. Biophys. Acta 1049, 99-125 (1990); Cohen, J.S., Ed., Oligodeoxynucleotides as

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Antisense Inhibitors of Gene Expression; CRC Press:Boca Raton, FL (1987).

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As used herein, "antisense oligonucleotide" is defined as a short sequence of synthetic nucleotides that

(1) hybridizes to any coding sequence in an mRNA which codes for the targeted protein, according to hybridization conditions described below, and (2) upon hybridization causes a decrease in gene expression of the targeted protein.

The mRNA sequence of the  $A_1$  or  $A_3$  adenosine 10 receptor is derived from the DNA base sequence of the gene expressing either the  $A_1$  or  $A_3$  adenosine receptor. The sequence of the genomic human A1 adenosine receptor is known and is disclosed in U.S. Patent No. 5,320,963 to G. 15 Stiles et al. The A3 adenosine receptor has been cloned, sequenced and expressed in rat (see F. Zhou et al., Proc. Nat'l Acad. Sci. USA 89:7432 (1992)) and human (see M.A. Jacobson et al., U.K. Patent Application No. 9304582.1 (1993)). Thus, antisense oligonucleotides 20 downregulate the production of the A<sub>1</sub> or A<sub>3</sub> adenosine receptor may be produced in accordance with standard techniques.

One aspect of this invention is an antisense oligonucleotide having a sequence capable of binding specifically with any sequence of an mRNA molecule which encodes an airway disease-associated protein so as to prevent translation of the mRNA molecule.

Chemical analogs of oligonucleotides (e.g., oligonucleotides in which the phosphodiester bonds have been modified, e.g., to the methylphosphonate, the phosphotriester, the phosphorothioate, the phosphorodithioate, or the phosphoramidate, so as to render the oligonucleotide more stable in vivo) are also an aspect of the present invention. The naturally occurring phosphodiester linkages in oligonucleotides are susceptible to degradation by endogenously occurring cellular nucleases, while many analogous linkages are

highly resistant to nuclease degradation. See Milligan et al., and Cohen, J.S., supra. Protection from degradation can be achieved by use of a "3'-end cap" strategy by which nuclease-resistant linkages 5 substituted for phosphodiester linkages at the 3' end of the oligonucleotide. See Tidd, D.M. and Warenius, H.M., Br. J. Cancer 60, 343-350 (1989); Shaw, J.P. et al., Nucleic Acids Res. 19, 747-750 (1991). Phosphoramidates, phosphorothioates, and methylphosphonate linkages all 10 function adequately in this manner. More extensive modification of the phosphodiester backbone has been shown to impart stability and may allow for enhanced increased cellular permeation affinity and See Milligan, et al., supra. oligonucleotides. Many 15 different chemical strategies have been employed to replace the entire phosphodiester backbone with novel Id. Backbone analogues linkages. phosphorothicate, phosphorodithicate, methylphosphonate, phosphotriester, boranophosphate, phosphoramidate, 20 formacetal, 3'-thioformacetal, 5'-thioformacetal, thioether, carbonate, 5'-N-carbamate, sulfate, sulfonate, sulfamate, sulfonamide, sulfone, sulfite, sulfoxide, sulfide, hydroxylamine, methylene(methylimino) (MMI) or methyleneoxy(methylimino) linkages. (MOMI) 25 Phosphorothioate methylphosphonate-modified and oligonucleotides are particularly preferred due to their availability through automated oligonucleotide synthesis. Where appropriate, the antisense oligonucleotides may be administered in the form of their pharmaceutically acceptable salts. 30

Antisense oligonucleotides may be of any suitable length (e.g., from about 10 to 60 nucleotides in length), depending on the particular target being bound and the mode of delivery thereof. Preferably the antisense oligonucleotide is directed to an mRNA region containing a junction between intron and exon. Where the antisense oligonucleotide is directed to an intron/exon

junction, it may either entirely overlie the junction or may be sufficiently close to the junction to inhibit splicing out of the intervening exon during processing of precursor mRNA to mature mRNA (e.g., with the 3' or 5' terminus of the antisense oligonucleotide being is positioned within about, for example, 10, 5, 3, or 2 nucleotides of the intron/exon junction).

When practicing the present invention, the antisense nucleotides administered may be related in origin to the species to which it is administered. When treating humans, human antisense may be used if desired.

Pharmaceutical compositions comprising antisense oligonucleotide as given above effective to reduce expression of an  $A_1$  or  $A_3$  adenosine receptor by passing through a cell membrane and binding specifically with mRNA encoding an A<sub>1</sub> or A<sub>3</sub> adenosine receptor in the cell so as to prevent its translation are another aspect of the present invention. Such compositions are provided in a suitable pharmaceutically acceptable carrier (e.g., 20 sterile pyrogen-free saline solution). The antisense oligonucleotides may be formulated with a hydrophobic carrier capable of passing through a cell membrane (e.g., in a liposome, with the liposomes carried in a pharmaceutically acceptable aqueous carrier). The 25 oligonucleotides may also be coupled to a substance which ribozyme. inactivates mRNA, such as a oligonucleotides may be administered to a subject to inhibit the activation of  $A_1$  or  $A_3$  adenosine receptors, which subject is in need of such treatment for any of the herein. Furthermore, the 30 reasons discussed pharmaceutical formulation may also contain chimeric molecules comprising antisense oligonucleotides attached to molecules which are known to be internalized by cells. These oligonucleotide conjugates utilize cellular uptake concentrations pathways to increase cellular 35 Examples of macromolecules used in oligonucleotides. include transferrin, asialoglycoprotein manner

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oligonucleotides via polylysine) and (bound to streptavidin.

In the pharmaceutical formulation the antisense compound may be contained within a lipid particle or such as a liposome or microcrystal. particles may be of any suitable structure, such as unilamellar or plurilamellar, so long as the antisense oligonucleotide is contained therein. Positively charged as lipids such N-[1-(2,3-dioleoyloxi)propyl]-N,N,N-"DOTAP," 10 trimethyl-ammoniumethylsulfate, or particularly preferred for such particles and vesicles. The preparation of such lipid particles is well known. See, e.g., U.S. Patent Nos. 4,880,635 to Janoff et al.; 4,906,477 to Kurono et al.; 4,911,928 to Wallach; 15 4,917,951 to Wallach; 4,920,016 to Allen et al.;4,921,757 to Wheatley et al.; etc.

Subjects may be administered the composition by any means which transports the antisense nucleotide composition to the lung. The antisense 20 compounds disclosed herein may be administered to the lungs of a patient by any suitable means, but are preferably administered by generating an aerosol comprised of respirable particles, the respirable particles comprised of the antisense compound, which particles the subject inhales. The respirable particles The particles may optionally may be liquid or solid. contain other therapeutic ingredients.

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Particles comprised of antisense compound for practicing the present invention should include particles of respirable size: that is, particles of a size sufficiently small to pass through the mouth and larynx upon inhalation and into the bronchi and alveoli of the lungs. In general, particles ranging from about .5 to 10 Particles of nonmicrons in size are respirable. respirable size which are included in the aerosol tend to deposit in the throat and be swallowed, and the quantity of non-respirable particles in the aerosol is preferably

minimized. For nasal administration, a particle size in the range of 10-500  $\mu m$  is preferred to ensure retention in the nasal cavity.

Liquid pharmaceutical compositions of active compound for producing an aerosol can be prepared by combining the antisense compound with a suitable vehicle, such as sterile pyrogen free water. Other therapeutic compounds may optionally be included.

particulate compositions Solid respirable dry particles of micronized antisense compound 10 may be prepared by grinding dry antisense compound with a mortar and pestle, and then passing the micronized composition through a 400 mesh screen to break up or separate out large agglomerates. A solid particulate 15 composition comprised of the antisense compound may optionally contain a dispersant which serves to facilitate the formation of an aerosol. A suitable dispersant is lactose, which may be blended with the antisense compound in any suitable ratio (e.g., a 1 to 1 20 ratio by weight). Again, other therapeutic compounds may also be included.

dosage of the antisense compound The administered will depend upon the disease being treated, the condition of the subject, the particular formulation, 25 the route of administration, the timing of administration subject, etc. In general, intracellular concentrations of the oligonucleotide of from .05 to 50  $\mu M$ , or more particularly .2 to 5  $\mu M$ , are desired. For administration to a subject such as a human, a dosage of from about .01, .1, or 1 mg/Kg up to 50, 100, or 150 mq/Kq or more is typically employed. Depending on the solubility of the particular formulation of active compound administered, the daily dose may be divided one or several unit dose administrations. 35 Administration of the antisense compounds may be carried out therapeutically (i.e., as a rescue treatment) or prophylactically.

Aerosols of liquid particles comprising the antisense compound may be produced by any suitable means, such as with a nebulizer. See, e.g., U.S. Patent No. 4,501,729. Nebulizers are commercially available devices 5 which transform solutions or suspensions of the active ingredient into a therapeutic aerosol mist either by means of acceleration of a compressed gas, typically air or oxygen, through a narrow venturi orifice or by means of ultrasonic agitation. Suitable formulations for use in nebulizers consist of the active ingredient in a 10 liquid carrier, the active ingredient comprising up to 40% w/w of the formulation, but preferably less than 20% w/w. the carrier is typically water or a dilute aqueous alcoholic solution, preferably made isotonic with body 15 fluids by the addition of, for example, sodium chloride. include additives preservatives formulation is not prepared sterile, for example, methyl hydroxybenzoate, antioxidants, flavoring agents, volatile oils, buffering agents and surfactants.

Aerosols of solid particles comprising the active compound may likewise be produced with any solid particulate medicament aerosol generator. for administering solid particulate generators medicaments to a subject produce particles which are respirable, as explained above, and generate a volume of 25 aerosol containing a predetermined metered dose of a medicament at a rate suitable for human administration. One illustrative type of solid particulate aerosol generator is an insufflator. Suitable formulations for administration by insufflation include finely comminuted powders which may be delivered by means of an insufflator or taken into the nasal cavity in the manner of a snuff. In the insufflator, the powder (e.g., a metered dose thereof effective to carry out the treatments described herein) is contained in capsules or cartridges, typically made of gelatin or plastic, which are either pierced or opened in situ and the powder delivered by air drawn

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through the device upon inhalation or by means of a manually-operated pump. The powder employed in the insufflator consists either solely of the ingredient or of a powder blend comprising the active 5 ingredient, a suitable powder diluent, such as lactose, and an optional surfactant. The active ingredient typically comprises from 0.1 to 100 w/w of A second type of illustrative aerosol formulation. generator comprises a metered dose inhaler. Metered dose inhalers are pressurized aerosol dispensers, typically 10 containing a suspension or solution formulation of the active ingredient in a liquified propellant. During use these devices discharge the formulation through a valve adapted to deliver a metered volume, typically from 10 to 15 150  $\mu$ l, to produce a fine particle spray containing the active ingredient. Suitable propellants include certain chlorofluorocarbon compounds, for dichlorodifluoromethane, trichlorofluoromethane, dichlorotetrafluoroethane and mixtures thereof. 20 formulation may additionally contain one or more cosolvents, for example, ethanol, surfactants, such as oleic acid or sorbitan trioleate, antioxidants and suitable flavoring agents.

The aerosol, whether formed from solid or liquid particles, may be produced by the aerosol generator at a rate of from about 10 to 150 liters per minute, more preferably from about 30 to 150 liters per minute, and most preferably about 60 liters per minute. Aerosols containing greater amounts of medicament may be administered more rapidly.

The following examples are provided to illustrate the present invention, and should not be construed as limiting thereon. In these examples,  $\mu M$  means micromolar, mL means milliliters,  $\mu M$  means micrometers, mm means millimeters, cm means centimeters,  $\mu M$  means degrees Celsius,  $\mu M$  means micrograms, mg means

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milligrams, g means grams, kg means kilograms, M means molar, and h means hours.

#### EXAMPLE 1

#### Design and synthesis of antisense oligonucleotides

5 The design of antisense oligonucleotides against the A<sub>1</sub> and A<sub>3</sub> adenosine receptors may require the solution of the complex secondary structure of the target A, receptor mRNA and the target A, receptor mRNA. After generating this structure, antisense nucleotides are designed which target regions of mRNA which might be construed to confer functional activity or stability to the mRNA and which optimally may overlap the initiation codon. Other target sites are readily usable. demonstration of specificity of the antisense effect, 15 other oligonucleotides not totally complementary to the mRNA, but containing identical compositions on a w/w basis, are included as controls in antisense experiments.

Adenosine A<sub>1</sub> receptor mRNA secondary structure
20 was analyzed and used as described above to design a
phosphorothicate antisense oligonucleotide. The
antisense oligonucleotide which was synthesized was
designated HAdAlAS and had the following sequence:

#### 5'-GAT GGA GGG CGG CAT GGC GGG-3' (SEQ ID NO:1)

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As a control, a mismatched phosphorothicate antisense nucleotide designated **HAdA1MM** was synthesized with the following sequence:

5'-GTA GCA GGC GGG GAT GGG GGC-3' (SEQ ID NO:2)

Each oligonucleotide had identical base content and general sequence structure. Homology searches in GENBANK (release 85.0) and EMBL (release 40.0) indicated that the antisense oligonucleotide was specific for the human and rabbit adenosine  $A_1$  receptor genes, and that the

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mismatched control was not a candidate for hybridization with any known gene sequence.

Adenosine A<sub>3</sub> receptor mRNA secondary structure was similarly analyzed and used as described above to design two phosphorothioate antisense oligonucleotides. The first antisense oligonucleotide (HAdA3AS1) synthesized had the following sequence:

5'-GTT GTT GGG CAT CTT GCC-3' (SEQ ID NO:3)

As a control, a mismatched phosphorothioate antisense oligonucleotide (HAdA3MM1) was synthesized, having the following sequence:

5'-GTA CTT GCG GAT CTA GGC-3' (SEQ ID NO:4)

A second phosphorothicate antisense oligonucleotide (HAdA3AS2) was also designed and synthesized, having the following sequence:

5'-GTG GGC CTA GCT CTC GCC-3' (SEQ ID NO:5)

Its control oligonucleotide (HAdA3MM2) had the sequence:

5'-GTC GGG GTA CCT GTC GGC-3' (SEQ ID NO:6)

Phosphorothicate oligonucleotides were 20 synthesized on an Applied Biosystems Model 396 Oligonucleotide Synthesizer, and purified using NENSORB chromatography (DuPont, MD).

#### EXAMPLE 2

Testing of A1-Adenosine Receptor
Antisense Oligonucleotides in vitro

The antisense oligonucleotide against the human  $A_1$  receptor (SEQ ID NO:1) described above was tested for

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efficacy in an *in vitro* model utilizing lung adenocarcinoma cells HTB-54. HTB-54 lung adenocarcinoma cells were demonstrated to express the A<sub>1</sub> adenosine receptor using standard northern blotting procedures and 5 receptor probes designed and synthesized in the laboratory.

HTB-54 human lung adenocarcinoma cells (106/100 mm tissue culture dish) were exposed to 5.0  $\mu$ M HAdAlAS or HAdalMM for 24 hours, with a fresh change of media and 10 oligonucleotides after 12 hours of incubation. Following 24 hour exposure to the oligonucleotides, cells were harvested and their RNA extracted by standard procedures. A 21-mer probe corresponding to the region of mRNA targeted by the antisense (and therefore having the same 15 sequence as the antisense, but not phosphorothioated) was synthesized and used to probe northern blots of RNA prepared from HAdAlAS-treated, HAdAlMM-treated and non-These blots showed clearly that treated HTB-54 cells. HAdalas but not HAdalam effectively reduced human 20 adenosine receptor mRNA by >50%. This result showed that HAdalas is a good candidate for an anti-asthma drug since it depletes intracellular mRNA for the adenosine A1 receptor, which is involved in asthma.

#### EXAMPLE 3

Efficacy of A<sub>1</sub>-Adenosine Receptor
Antisense Oligonucleotides in vivo

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A fortuitous homology between the rabbit and human DNA sequences within the adenosine  $A_1$  gene overlapping the initiation codon permitted the use of the phosphorothicate antisense oligonucleotides initially designed for use against the human adenosine  $A_1$  receptor in a rabbit model.

Neonatal New Zealand white Pasteurella-free rabbits were immunized intraperitoneally within 24 hours of birth with 312 antigen units/mL house dustmite (D. farinae) extract (Berkeley Biologicals, Berkeley, CA),

mixed with 10% kaolin. Immunizations were repeated weekly for the first month and then biweekly for the next 2 months. At 3-4 months of age, eight sensitized rabbits were anesthetized and relaxed with a mixture of ketamine hydrochloride (44 mg/kg) and acepromazine maleate (0.4 mg/kg) administered intramuscularly.

The rabbits were then laid supine in a comfortable position on a small molded, padded animal board and intubated with a 4.0-mm intratracheal tube 10 (Mallinkrodt, Inc., Glens Falls, NY). A polyethylene catheter of external diameter 2.4 mm with an attached latex balloon was passed into the esophagus and maintained at the same distance (approximately 16 cm) from the mouth throughout the experiments. The 15 intratracheal tube was attached to a heated Fleisch pneumotachograph (size 00; DOM Medical, Richmond, VA), and flow was measured using a Validyne differential (Model DP-45161927; transducer Validyne pressure Engineering Corp., Northridge, CA) driven by a Gould 20 carrier amplifier (Model 11-4113; Gould Electronic, Cleveland, OH). The esophageal balloon was attached to one side of the differential pressure transducer, and the outflow of the intratracheal tube was connected to the opposite side of the pressure transducer to allow transpulmonary pressure. 25 recording of Flow integrated to give a continuous tidal volume, and measurements of total lung resistance (RL) and dynamic compliance (Cdyn) were calculated at isovolumetric and flow zero points, respectively, using an automated respiratory analyzer (Model 6; Buxco, Sharon, CT).

randomized and on Day Animals were for obtained PC50 were values pretreatment aerosolized adenosine. Antisense (HAdAlAS) or mismatched control (HAda1MM) oligonucleotides were dissolved in 35 sterile physiological saline at a concentration of 5000 Animals were subsequently (5 mg) per 1.0 ml. administered the aerosolized antisense or mismatch 10

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oligonucleotide via the intratracheal tube (approximately 5000  $\mu$ g in a volume of 1.0 ml), twice daily for two days. Aerosols of either saline, adenosine, or antisense or mismatch oligonucleotides were generated by an ultrasonic nebulizer (DeVilbiliss, Somerset, PA), producing aerosol droplets 80% of which were smaller than 5  $\mu m$  in diameter.

In the first arm of the experiment, four randomly selected allergic rabbits were administered antisense oligonucleotide and four the mismatched control oligonucleotide. On the morning of the third day, PC50 values (the concentration of aerosolized adenosine in mg/ml required to reduce the dynamic compliance of the bronchial airway 50% from the baseline value) were obtained and compared to PC50 values obtained for these 15 animals prior to exposure to oligonucleotide.

Following a 1 week interval, animals were crossed over, with those previously administered mismatch oligonucleotide now administered antisense oligonucleotide, and those previously treated with antisense oligonucleotide now administered mismatch Treatment methods and oligonucleotide. measurements were identical to those employed in the first arm of the experiment. It should be noted that in the eight animals treated with antisense oligonucleotide, adenosine-induced bronchoconstriction could not be obtained up to the limit of solubility of adenosine, 20 mg/ml. For the purpose of calculation, PC50 values for these animals were set at 20 mg/ml. values given therefore represent a minimum figure for Actual effectiveness was 30 antisense effectiveness. The results of this experiment are illustrated higher. in both Figure 1 and Table 1.

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TABLE 1. EFFECTS OF ADENOSINE A<sub>1</sub> RECEPTOR ANTISENSE OLIGONUCLEOTIDE UPON PC50 VALUES IN ASTHMATIC RABBITS.

	Mismatch Control		A, receptor Antisense oligonucleotid		
5	Pre oligonucleotide	Post oligonucleotide	Pre oligonucleotide	Post oligonucleotide	
	3.56 ± 1.02	5.16 ± 1.93	2.36 ± 0.68	>19.5 ± 0.34**	

Results are presented as the mean  $(N = 8) \pm SEM$ . Significance was determined by repeated-measures analysis of variance (ANOVA), and Tukey's protected t test. \*\*Significantly different from all other groups, P < 0.01.

In both arms of the experiment, animals receiving the antisense oligonucleotide showed an order of magnitude increase in the dose of aerosolized adenosine required to reduce dynamic compliance of the lung by 50%. No effect of the mismatched control oligonucleotide upon PC50 values was observed. No toxicity was observed in any animal receiving either antisense or control inhaled oligonucleotide.

These results show clearly that the lung has a target for antisense exceptional potential as oligonucleotide-based therapeutic intervention in lung They further show, in a model system which closely resembles human asthma, that downregulation of the adenosine A, receptor largely eliminates adenosineasthmatic airways. bronchoconstriction in induced Bronchial hyperresponsiveness in the allergic rabbit model of human asthma is an excellent endpoint for antisense intervention since the tissues involved in this response lie near to the point of contact with aerosolized oligonucleotides, and the model closely simulates an important human disease.

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#### EXAMPLE 4

### Specificity of A -adenosine receptor Antisense oligonucleotide

At the conclusion of the crossover experiment 5 of Example 3, airway muscle from all rabbits was quantitatively analyzed for adenosine  $A_1$  receptor number. As a control for the specificity of the antisense oligonucleotide, adenosine  $A_2$  receptors, which should not have been affected, were also quantified.

Airway smooth muscle tissue was dissected from 10 each rabbit and a membrane fraction prepared according to described methods (J. Kleinstein and H. Glossmann, Naunyn-Schmiedeberg's Arch. Pharmacol. 305, (1978), with slight modifications. Crude plasma membrane 15 preparations were stored at - 70°C until the time of assay. Protein content was determined by the method of Bradford (M. Bradford, Anal. Biochem. 72, Frozen plasma membranes were thawed at room (1976)). temperature and were incubated with 0.2 U/ml adenosine deaminase for 30 minutes at 37°C to remove endogenous 20 The binding of [3H]DPCPX (A1 receptoradenosine. specific) or [3H]CGS-21680 (A2 receptor-specific) was measured as previously described. S. Ali et al., J. Pharmacol. Exp. Ther. 268, 1328-1334 (1994); S. Ali et al., Am. J. Physiol 266, L271-277 (1994). 25

As illustrated in both Figure 2 and Table 2, antisense with adenosine  $A_1$ treated animals oligonucleotide in the crossover experiment had a nearly 75% decrease in  $A_1$  receptor number compared to controls, 30 as assayed by specific binding of the  $A_1$ -specific There was no change in adenosine A, antagonist DPCPX. receptor number, as assayed by specific binding of the  $\ensuremath{\mathtt{A}}_2$ 2-[p-(2-carboxyethyl)agonist receptor-specific phenethylamino]-5'-(N-ethylcarboxamido) adenosine (CGS-21680).

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TABLE 2. SPECIFICITY OF ACTION OF ADENOSINE  $\mathbf{A}_{t}$  RECEPTOR ANTISENSE OLIGONUCLEOTIDE.

Mismatch	Control	A <sub>1</sub> Antisense	3
oligonucle	otide	oligonucleotid	e

A <sub>1</sub> -Specific Binding	1105 ± 48**	293 ± 18
A <sub>2</sub> -Specific Binding	302 ± 22	442 ± 171

Results are presented as the mean  $(N = 8) \pm SEM$ . Significance was determined by repeated-measures analysis of variance (ANOVA), and Tukey's protected t test. \*\*Significantly different from mismatch control, P < 0.01.

10 The above demonstrates the effectiveness of antisense oligonucleotides in treating airway diseases. Since the antisense oligonucleotides described above eliminate the receptor systems responsible for adenosine-mediated bronchoconstriction, it may be less imperative to eliminate adenosine from them. However, it would be preferable to eliminate adenosine from even these oligonucleotides. Examples of such adenosine-free oligonucleotides are provided below in Example 5.

#### EXAMPLE 5

20 The method of the present invention is also practiced with the following antisense oligonucleotides targeted to their corresponding proteins, in essentially the same manner as given above, for the treatment of various conditions in the lungs. Described below is a series of antisense oligonucleotides targetting the mRNA of proteins involved in inflammation. Adenosine has been eliminated from their nucleotide content to prevent its liberation during degradation.

In the following, the first sequence provided

after the name of the targeted inflammation-involved protein is the antisense sequence that targets the initiation codon, wherein the naturally-occurring adenosine is substituted by one of the following: (1) a universal base that is not adenosine; (2) a adenosine

analog that lacks the ability to bind to the adenosine A1

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and/or A3 receptors; or (3) a "spacer." Any one of these three is represented in the sequence as the letter "B," recognized by the IUPAC-IUB Nomenclature Commission as "not-A." See Patentin User Manual, p.99 (November 1990). Listed following the antisense sequence targeted against

the initation codon are additional antisense oligonucleotide sequences directed against other portions of the mRNA of the targeted protein. These additional sequences are the "des-adenosine antisense sequences," in that they do not contain adenosine within the sequence.

Fragments of the following sequences that are at least ten, and more preferably at least twelve, nucleotides in length are also an aspect of the presnet invention and are useful in carrying out the present invention. Fragments set forth below that span multiple lines of test indicate "5'-" at the beginning thereof, and "-3'" at the end thereof.

Human Al adenosine receptor:

5'-GGC GGC CTG GBB BGC TGB GBT GGB GGG CGG CBT GGC GGG CBC BGG CTG GGC-3'

des-adenosine antisense sequences: TTT TCC TTC CTT TGT CTC TCT TC

GCT CCC GGC TGC CTG

CTC GGC CGT GCG GCT CTG TCG CTC CCG GT

25 CCG CCG CCC TCC GGG GGG TC

TGC TGC CGT TGG CTG CCC

CTT CTG CGG GTC GCC GG

TGC TGG GCT TGT GGC

GGC CTC TCT TCT GGG

30 CCT GGT CCC TCC GT

GGT GGC TCC TCT GC

GCT TGG TCC TGG GGC TGC

TGC TCT CCT CTC CTT

#### Human A2a adenosine receptor: GTBCBCCGBGGBGCCCBTGBTGGGCBTGCCBCBGBCGBCBGGC des-adenosine antisense sequences: HSA2ARECAS1: TGC TTT TCT TTT CTG GGC CTC (SEQ 5 ID NO:7) HSA2ARECAS2: TGT GGT CTG TTT TCT G HSA2ARECAS3: GCC CTG CTG GGG CGC TCT CC HSA2ARECAS4: GCC GCC CGC CTG GCT CCC HSA2ARECAS5: GGB GCC CBT GBT GGG CBT GCC HSA2ARECAS6: GTG GTT CTT GCC CTC CTT TGG CTG 10 HSA2ARECAS7: CCG TGC CCG CTC CCC GGC HSA2ARECAS8: CTC CTG GCG GGT GGC CGT TG HSA2ARECAS9: GGC CCG TGT TCC CCT GGG HSA2ARECAS10: GCC TGG GGC TCC CTT CTC TC 15 HSA2ARECAS11: GCC CTT CTT GCT GGG CCT C HSA2ARECAS12: TGC TGC TGC TGC TGC TGT GGC CCCC Human A2b adenosine receptor: 5'-BCBGCGCGTCCTGTGTCTCCBGCBGCBTGGCC GGGCCBGCTGGGCCCC-3' 20 des-adenosine antisense sequences: HSA2BRECAS1: 5'-GGC GCC GTG CCG CGT CTT GGT GGC GGC GG-3' (SEQ ID NO:8) HSA2BRECAS2: 5'-GTT CGC GCC CGC GCG GGG CCC CTC CGG TCC-3' HSA2BRECAS3: 5'-TTG GCC CGC GCG CCC GCC CGT CTC 25 GGG CTG GGC GG-3' HSA2BRECAS4: CGG GTC GGG GCC CCC CGC GGC C HSA2BRECAS5: 5'-GCC TCG GGG CTG GGG CGC TGG TGG CCG GG-3' HSA2BRECAS6: CCG CGC CTC CGC CTG CCG CTT CTG 30 HSA2BRECAS7: GCT GGG CCC CGG GCG CCC CCT HSA2BRECAS8: CCC CTC TTG CTC GGG TCC CCG TG Human A3 adenosine receptor 5'-BCB GBG CBG TGC TGT TGT TGG GCB TCT TGC CTT CCC BGG G-3' 35 des-adenosine antisense oligonucleotides: CCC TTT TCT GGT GGG GTG GTG CTG TTG TTG GGC TTT CTT CTG TTC CC Human IgE receptor $\beta$ : 5'-BTTTGCTCTCTBTTBCTTTCTGTGTCCBTTTTTT CBTTBBCCGBGCTGT-3' des-adenosine antisense sequences: HUMIGE $\beta$ rAS1: TTT CCC CTG GGT CTT CC (SEQ ID NO:9) 45 $HUMIgE\beta rAS2:$ CTC CTG CTC TTT TTT C

# Human Fc-epsilon receptor CD23 antigen (IgE receptor): 5'-TCTCTGBBTBTTGBCCTTCCTCCBTGGCGGTCCTGCTT GGBTTCTCCCGB-3'

des-adenosine antisense sequences: HUMIGErCD23AS1: GCC TGT GTC TGT CCT CCT 5 (SEQ ID NO:10) HUMIGErCD23AS2: GCT TCG TTC CTC TCG TTC HUMIGErCD23AS3: CTG CTT GGT GCC CTT GCC G HUMIGErCD23AS4: GTC CTG CTC CGG GCT GTG G HUMIGErCD23AS5: 5'-GTC GTG GCC CTG GCT CCG 10 GCTGGT GGG CTC CCC TGG-3' HUMIGErCD23AS6: CCT TCG CTG GCT GGC GGC GTG C HUMIGErCD23AS7: GGG TCT TGC TCT GGG CCT GGC TGT HUMIGErCD23AS8: GGC CGT GGT TGG GGG TCT TC HUMIGErCD23AS9: GCT GCC TCC GTT TGG GTG GC 15

#### Human IgE receptor, $\alpha$ subunit:

5'-BCBGTBGBGTBGGGGBTTCCBTGGCBGGBGCCBTC TTCTTCBTGGBCTCC-3'

and

20 5'-TTC BBG GBG BCC TTB GGT TTC TGB GGG BCT GCT BBC BCG CCB TCT GGB GC-3'

des-adenosine antisense sequences: HUMIgEr@AS1: GCCTTTCCTGGTTCTCTT (SEQ ID NO:11)

GTT GTT TTT GGG GTT TGG CTT

25 Human IgE receptor, Fc epsilon R: 5'-GBT CTC TGB BTB TTGB CCT TCC BTG GCG GTC CTG CTT GGB-3'

des-adenosine antisense sequences: HSJGEBFRAS1: GCC TGT GTC TGT CCT CCT (SEQ ID

30 NO:12) HSJGEBFRAS2: GCT

HSJGEBFRAS2: GCT TCG TTC CTC TCG TTC
HSJGEBFRAS3: CTG CTT GGT GCC CTT GCC G
HSJGEBFRAS4: GTC CTG CTC CTG GCT GTG G
HSJGEBFRAS5: 5'-GTC CTC GCC CTG GCT CCG GCT GGT
GGG CTC CCC TGG-3'

HSJGEBFRAS6: CCT TCG CTG GCT GGC GTG C
HSJGEBFRAS7: CCC BGB BCG BGB CCC GGB CCG BCB
HSJGEBFRAS8: GGC CGT GGT TGG GGG TCT TC

HSJGEBFRAS8: GGC CGT GGT TGG GGG TCT TC HSJGEBFRAS9: GCT GCC TCC GTT TGG GTG GC

40 Human histidine decarboxylase:

5'-CTC TGT CCC TCT CTC TCT GTB CTC CTC BGG CTC CBT CBT CTC CCT TGG GC-3'

des-adenosine antisense sequences:

HUMHDCAS1: TCT CCC TTG GGC TCT GGC TCC TTC TC (SEQ ID NO:13)

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HUMHDCAS2: TCT CTC TCC CTC TCT CTC TGT

HUMHDCAS3: CGCCTCCGCCCTGGCTGCTGGGGTGGTGCT

HUMHDCAS4: TTT TGT TCT TCC TTG CTG CC HUMHDCAS5: GCC CCG CTG CTT GTC TTC CTC G

5 Human beta tryptase:

des-adenosine antisense sequences:

HUMBTRYPAS1: CTTGCTCCTGGGGGCCTCCTG (SEQ ID

NO:14)

HUMBTRYPAS2: GTC CCT CCG GGT GTT CCC GGC

Human tryptase-I:

10

25

35

40

5'-CCT GGB CTG GGG CBG GGG CCG CGT BGG CGC GGC

TCG CCB GGB CGG GCB GCB GCB GCB GCB GCC TCB

GCB TCC TGG CCB CGG BBT TCC-3'

des-adenosine antisense sequences: HUMTRYAS1: CTTGCTCCTGGGGGCCTCCTG (SEQ ID NO:15)

HUMTRYAS2: GTC CCT CTG GCT G TT CCC GGC

20 Human prostaglandin D synthase:

5'-CCC CBG CBG GBC CBG TCC CBT CCB CBG CGT GTG BTG BGT BGC CBT TCT CCT GCB GCC GBG-3'

des-adenosine antisense sequences:
HUMPROSYNAS1:GGTGTGCGGGGGCCTGGTGCC(SEQIDNO:16)
HUMPROSYNAS 2: CCT GGG CCT CGG GTG CTG CCT GT
HUMPROSYNAS 3: GCG CTG CCT TCT TCT CCT GG
HUMPROSYNAS 4: 5'-GTC CTC GCC GGG GCC CTT GCT
GCC CTG GCT GT -3'

HUMPROSYNAS 5: GCC CTG GGG GTC TGG GTT CGGCTGT

30 Human cyclooxygenase-2:

5'-TGB GCG CCB GGB CCG CGC BCB GCB GCB GGG CGC GGG CGB GCB TCG CBG CGG CGG GCB GGG-3'

des-adenosine antisense sequences: HUMCYCLOXAS1: GGGCGCGGGCGBGCBTCGC(SEQ ID NO:17) HUMCYCLOXAS2: TTT GGG CTT TTC TCC TTT GGT T

Human eosinophil cationic protein:

5'-CBG BCB BBT TTG GGB BGT GBB CBG TTT TGG BBC CBT GTT TCC CBG TCT CTG BGC TGT GGC-3'

des-adenosine antisense sequences:
HSECPAS1: CCTCCTTCC TGG TCT GTC TGC (SEQ ID
NO:18)

Human eosinophil derived neurotoxin:

5'-CCC CBB CBG BBG BBG CBG BCB BBT TTG GGB BGT GBB CBG TTT TGG BBC CBT GTT TCC TGT-3'

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des-adenosine antisense sequences:
              HSEOSDNAS1: GCC CTG CTG CTC TTT CTG CT (SEQ ID
                   NO:19)
              HSEOSDNAS 2: TCC CTT GGT GGG TTG GGC C
              HSEOSDNAS 3: GCT GGT TGT TCT GGG GTT C
5
              HSEOSDNAS 4: TTG CTG CCC CTT CTG TCC C
              HSEOSDNAS 5: TGT TTG CTG GTG TCT GCG C
   Human eosinophil major basic protein:
              GGG GGB GTT TCB TCT TGG CTT T
              des-adenosine antisense sequences:
10
              TCT CCC CTT GTT CCT CCC C
              TCT CCT GCT CTG GTG TCT CCT C
              TTC CCT CCC TCC CCT GCC
              GTG TTG TCT GTG GGT GTC C
              GTT TCG CTC TTG TTG CCC
15
              TGG GCC CTT CCC TGC TGG
    Human eosinophil peroxidase:
              5'-GCB CCG TCC BGT GBT GGT GCG GTB CTT GTC GCT
              GCB GCG CTC GGC CTG GTC CCG GBG BGC-3'
              des-adenosine antisense sequences:
20
              HSEPAS1: GCGCTCGGCCTGGTCCCGG (SEQ ID NO:20)
              HSEPAS2: GGG TCT CCT CTT GTT GC
              HSEPAS3: TTG CGC CTC CTG CTG GGG GT CC
              HSEPAS4: CTC TGT TCT TGT TTT GGG GGC
              HSEPAS5: GGG CCC GGC CGT TGT CTT G
25
              HSEPAS6: GTT TGG GGG TTT CCG TTG
              HSEPAS7: GGG TTC TCC TGG CCC GGG CCT TGC CC
              HSEPAS8: GGC CGT GGT CCC GGC TTC GTT GC
              HSEPAS9: CCT GTC TCC GTC TCG GCT CTT CTG
              HSEPAS10: GGG CCT TGC GCT GTC TTT GGT G
30
    Human intercellular adhesion molecule-1 (CAM-1):
              5'- CGG BGC CTC CCC GGG GCB GGB TGB CTT TTG BGG
              GGG BCB CBG BTG TCT GGG CBT TGC CBG GTC CTG GGB
              BCB GBG CCC CGB GCB GGB CCB GGB GTG CGG GCB GCG
35
              CGG GCC GGG GGC TGC TGG GBG CCB TBG CGB GGC TGB
              G-3'
              des-adenosine antisense sequences:
              HSICAM1AS1: GCGCGGGCCGGGGGCTGCTGGG (SEQ
                        NO:21)
40
              HSICAMIAS2: GGT TGG CCC GGG GTG CCC C
              HSICAMIAS3: GCC GCT GGG TGC CCT CGT CCTCTGCGGTC
              HSICAM1AS4: GTG TCT CCT GGC TCT GGT TCC CC
              HSICAM1AS5: 5'-GCT GCG CCC GTT GTC CTC TGG GGT
                   GGCCTTC-3'
45
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· HSICAMIAS6: GCT CCC GGG TCT GGT TCT TGT GT HSICAM1AS7: TGG GGG TCC CTT TTT GGG CCT GTT GT HSICAMIAS8: GGC GTG GCT TGT GTG TTC GGT TTC HSICAM1AS9: TGC CCT GTC CTC CGG CGT CCC

Human vascular cell adhesion molecule 1 (VCAM-1): 5'-CTG BGC BBG BTB TCT BGB TTC TGG GGT GGT CTC

GBT TTT BBBB GCT TGB GBB GCT GCB BBC BTT BTC CBB BGT BTB TTT GBG GCT CCB BGG BTC BCG BCC BTC

TTC CCB GGC BTT TTB BGT TGC TGT CGT -3'

10 des-adenosine antisense sequences:

HSVCAM1AS1: CCTCTTTTCTGTTTTTCCC (SEQ ID NO:22)

HSVCAM1AS2: CTC TGC CTT TGT TTG GGT TCG HSVCAM1AS3: CTT CCT TTC TGC TTC TTC C HSVCAM1AS4: CTGTGTCTCCTGTCTCCGCTTTTTTCTTC HSVCAM1AS5: GTC TTT GTT GTT TTC TCT TCC TTG

Human endothelial leukocyte adhesion molecule (ELAM-1): 5'-BBG TGB GBG CTG BGB GBB BCT GTG BBG CBB TCB

TGB CTT CBB GBG TTC TTT TCB CCC -3'

des-adenosine antisense sequences:

HUMELAM1AAS1: GTTCTTGGCTTCTTCTGTC (SEQ ID NO:23)

HUMELAM1AAS2: CGT TGG CTT CTC GTT GTC CC HUMELAM1AAS3: TGT GGG CTT CTC GTT GTC CC HUMELAM1AAS4: CCC TTC GGG GGC TGG TGG HUMELAM1AAS5: GGC CGT CCT TGC CTG C

Human P Selectin: 25

15

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des-adenosine antisense sequences:

HUMPSELECTAS1: CTCTGCTGGT TTTCTGCCTT CTGCCC

(SEQ ID NO:24)

Human endothelial monocyte activating factor:

des-adenosine antisense sequences: 30

HUMEMAPIIAS1: 5'-TTT TCT CTT TCG CTT TCT TTT CGTCTCCTGTTCCTCCTTTT-3' (SEQ

NO:25)

HUMEMAPIIAS2: 5'-TTG CTG TTT TTT CTC CTT CTT

CTC TCC TTT CTT TTC -3' 35

Human IL3:

5'-GGCGGBCCBGGBGTTGGBGCBGGBGCBGGBCGGGCB

GGCGGCTCBTGTTTGGBTCGGCBGGBGGCBCTC -3'

des-adenosine antisense sequences:

HUMIL3AAS1: 5'-CTC TGT CTT GTT CTG GTC CTT CGT

GGG GCT CTG (SEQ ID NO:26) -3'

HUMIL3AAS2: TGT CGC GTG G GTG CGG CCG TGG CC

Human IL3 receptor:

5'-GCBGGBGBCBGGGCBGGGGGBTCBGGBGCBGCGT

GBGCCBBBGGBGGBCCBTCGGGBBCGCBGCTCCG 45

GBBCGCBGGBCBGBGGTGCC-3'

		des-adenosine antisense sequences: TCTGGGGTGTCCTG
		GCCTTCGTGGTTCC
5		TCTTCCTTCGTTTGC
	×	CGTCCGCGGGCCCCCGGGCCT
		GGCTGCGCTCCTGCCCCGC
		CTCTTTCCCGGGCTCTT
10		GCGCTGGGGGGTGCTCC
		CGTGTGTTTGCGCCCTCCTCCTGGTCGC
		GCTTGTCGTTTTGG
15	•	GGCCGGCTTTGCCCGCCTCCC
		GGCGCCTGGCCCGGCC
		TTCCTGGGCTGCGC
20		GTTCTGTTCTTCCTGGC
	Human IL4	
		5'-GCCGGCBCBTGCTBGCBGGBBGBBCBGBGGGGGB BGCBGTTGGGBGGTGBGBCCCBTTBBTBGGTGTCGB-3'
25		des-adenosine antisense sequences: HUMIL4AS1: CTC TGG TTG GCT TCC TTC-3' (SEQ ID NO:27)
30.	Human IL4	receptor: 5'-GTTCCCBGBGCTTGCCBCCTGCBGCBGGBCCBGGCBGCTC BCBGGGBBCBGGBGCCCBGBGCBBBGCCBCCCCBTTGGGBG BTGCCBBGGCBCCBGGCTG-3'
		des-adenosine antisense sequences: TCTGCGCGCCCCTGCTCC
35		CGCCCGGCTTCTCT
		CGTGTGGGCTTCGG
40		CCCCGCGCCTCCGTTGTTCTC
		TGCTCGCTGGGCTTG
4.5		GGTTTCCTGGGGCCCTGGGTTTC
45		TCTGCCGGGTCGTTTTC
	•	GGGTGCTGGCTGCG

		CTTGGTGCTGGGGCTCC
5		GGCGGCTGCGGCTTGGG
		CTTGGCTGGTTCCTGGCCTCGGG
•		CCTCCTCCTCCTC
10		GCTCCCTTTTCTTCCTCT
		TCCCTGCTCTC
a =		TGCCCTCCCTCCTGG
15		GGTGCCTCCTTGGGCCCTGC
		GGCTGCTCCTTGCCCC
20		CTCTGGGTCGGGCTGGC
		GGGGCGTCTCTGTGC
25		CTGGCCTGGGTGCC
25	•	GCCTCTCCTGGGGG
		GGTGGCTCCCTGTCC
30		CCTTTTCCCCCGGCTCC
50		GTGGGGGCTTTGGC
		GGGGGTCTGTGGCCTGCTCCTGGGG
35		AGGGGTCTGGGGCCCTC
		TTTTGGGGGTCTGGCTTG
40		GCCTGGCTTCC
-10		GGGGCCTGCCGTGGGGC
		TGTCCTCTGTTGCTCCCCTT
45		TGCCTGCTCTGG
		GGTTCCCGCCTTCCCT
50	Human	IL5: 5'-GTGGGBBTTTCTGTGGGGBTGGCBTBCBCGTBGGCB GCTCCBBGBGCTBGCBBBCTCBBBTGCBGBBGCBTC
		CTCRTCCCTCTCRRRCC -3'

			HUMIL5AS1: TCC CTG TTT CCC CCC TTT (SEQ ID
			NO:28)
5			HUMIL5AS2: CGT TCT GCG TTT GCC TTT GGC HUMIL5AS3: GTT TTT TGT TTG TTT TCT
			HUMIL5AS4: CTC TCC GTC TTT CTT CTC C
			HUMIL5AS5: CCT CCT GCC TGT GTC CCT GCT CCC C
			HUMIL5AS6: GAG GGT TTC TGG CTT CCT CTC T
			HUMIL5AS7: TGT CTC TCT GTC CTT TTG TT
10			HUMIL5AS8: 5'-TGT TGT GCG GCC TGG TGC TGC CCT
			GCCCCG GG-3'
•	Human	IL5	receptor antisense oligonucleotide
			5'-CTCBGTGGCCCCCBBBBGGBT
- r-			GBGTBBTBCBTGCGCCBCGBT
15			GBTCBTBTCCTTTTTBCTBTGBGG-3'
			des-adenosine antisense sequences:
			CCGTGTCTGTCGTGTCT
			CCGIGICIGICGIGICI
			TTCCTTTGCTCTTG
20			11001110010110
20			GTGTGTCTTTGCTGT
			GCCCTGCCTCTCTGC
25	Human	IL6	•
			5'-CTCCTGGGGGTBCTGGGGCBGGGBB
			GGCBGCBGCBCCBGGBGCBGC
			CCCBGGGBGBBGGCBBCTGGBCCGB
			BGGCGCTTGTGGBGBBGGBGTTCBT
30			BGCTGGGCTCCTGGBGGGGBGBTBGBGC-3'
		•	
			des-adenosine antisense sequence:
			HUMIL6AS1: GCT TCT CTT TCG TTC CCG GTG GGC TCG
		•	(SEQ ID NO:29) HUMIL6AS2: GTG GCT GTC TGT GTG GGG CGG CT
2 =			HUMIL6AS3: GTG CCT CTT TGC TGC TTT C
35			HUMIL6AS4: GAT TCT TTG CCT TTT TCT GC
			nominoas4. Gai lei lig eel lii lei ge
	Human	TT.6	receptor antisense oligonucleotides
	11/4/11/41/1		5'-GCBCGCCTCTTGCCBCCTCCTGCGCBGGGCB
			GCGCCTTGGGGCCBGCGCCGCTCCCGGCGCG
40			GCCBGCBGCCBGCCBGCGCGCGCB
			CGGCCBGCBTGCTTCCTCCTCGGCTBCCBCT
			CCBTGGTCCCGCBGBGGCGGBCBGGC-3'
			des-adenosine antisense sequences:
			GGGGGTGCCTTCCTGCC
45			
			GCGTCTCTGGGCCGTCCC
			GTCCCTCGGCCCCGCGCGCTCGGCTCCTCTCCC
	•		тстаассаастс

	GGGGCGGGCGGGCGGC
	GGCGCTGCCCTGCGC
5	GCGGCGCTGGCCCC
	TGCTGGCCGTCGGCTGCCGCTGCCCCT
	GCTGGCCGCGCGG
10	GCCTGTCCGCCTCTGCGGG
	CGCTGTCTCCTGGC
	TTGTCTTCCGGCTCT
, .	TCTGCTGGGGTGGG
15	GCTGGGCGGCCGGT
	GCTGGGGCTCCTCGGGGGG
20	GGGGGCTCTTCCGG
•	GCTGTCTCCCTCCGGG
25	GCGGGGTTTCTGGCC
25	GTGGGGGTCTTGCC
	TGGCCTCCGGGCTCC
30	TGCTTGTCTTGCCTTCCTTC
	TCTGGTCGGTTGTGGCTCG
35	GGGCTCCGTGGGTCCCTGGC
33 .	GCCCGTTTGTGTTTTGTC
	TTTTCCCCTGGCGT
40	CCCTGTGCCCCTCTCCTCTCCTTCCTCTCTCTC
	GCTCTCCTTTGTGGG
45	GCCCTCCCTGCTGCT
13	CTTGGTTTTGGGCT
	TTTTTCTCTTCCTCCTTTTTC
50	GTGCGTGGGCCTCC

5	Human	monocyte-derived neutrophil chemotactic factor: 5'-GGGGTGGBBBGGTTTGGBGTBTGTCTTTBTGCBCTGB CBTCTBBGTTCTTTBGCBCTCCTTGGCBBBBCTGCBC CTTCBCBCBGBGCTGCBGBBBTCBGGBBGGCTGCCBB GBGBGCCBCGGCCBGCTTGGBBGTCBTGTTTBCBCBC BGTGBGBTGGTTCCTTCCGG-3'
10		des-adenosine antisense sequences: HSMDNCFAS1: GCT TGT GTG CTC TGC TGT CTC T (SEQ ID NO:30) HSMDNCFAS2: 5'-TGG TTC CTT CCG GTG GTT TCT TCC TGG CTC TTG TCC T -3' HSMDNCFAS3: TTC TCT TGG CCC TTG GC
15	Human	neutrophil elastase (medullasin): 5'-GGGCTCCCGCCGCGBGBGGTTBTGGGCTCCCBGGBCCBC CCGCBCCGCGCGBCGTTTBCBTTCGCCBCGCBGTGCGC GGCCGBCBTGBCGBBGTTGGGCGCBBTCBGGGTGGCGCC GCBGBBGTGGCCTCCGCGCBGCTGCBGGBCBCCCCBBBB GGGCCBCGCGTGGGGCCCCCCBCBBT CTCCGBGGCCBGCGCGCGCCCCCBCBGCGCCC
20		CBGGBCBCGGGGGGGGGGCCGBG GGTCBTGGTGGGGCTGGGGCTCCGGGGTCTCTGCCCCTC CGTGC-3'
25		des-adenosine antisense oligonucleotides: HSMEDURAS1: 5'-TGG TGG GGC TGG GGC TCC GGG GTC TCT GCC CCT CCG TGC-3' (SEQ ID NO:31) HSMEDURAS2: CGC GTG GGG CCG CGC TCG CCG GCCCCCC HSMEDURAS3: CCT GCC GGG TGG GCT CCC GCC GCG HSMEDURAS4: CGC CGG CCT GCC GGC CCC TC
30		HSMEDURASS: 5'-GTG GGT CCT GCT GGC CGG GTC CGG GTC CCG GGG GTG GGG-3' HSMEDURAS6: CGC GBG TCG GCG GCC GBG GGT C
35	Human	neutrophil oxidase factor: 5'-CGGGBGTGGGGGTCCTGGBCGGCBCTGBBGGCBTCCBGGG CTCCCTTCCBGTCCTTCTTGTCCGCTGCCBGCBCCCCTTC BTTCCBGBGGCTGBTGGCCTCCBCCBGGGBCBTGBTTBGG TBGBBBCTBGGBGGCC-3'
40		des-adenosine antisense sequence: HUMNOXFAS1: GGC CTC CBC CBG GGB CBT G (SEQ ID NO:32) HUMNOXFAS2: GTC CTT CTT GTC CGC TGC C HUMNOXFAS3: TCT CTG GGG TTT TCG GTC TGG GTG G
45		HUMNOXFAS4: GCT TTC CTC CTG GGG CTG CTG HUMNOXFAS5: 5'-GGC TCT TCT TTT TGT TTC TGG CCT  GGTG-3' HUMNOXFAS6: CTC TCT CGT GCC CTT TCC HUMNOXFAS7: CTT GGG TGT CTT GTT TTT GT HUMNOXFAS8: 5'-GGCCTCCBCCBGGGBCBTGGTCCTTCTT  GTCCGCTGCC -3'

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	Human	cathepsin G: 5'-CCCTCCBCBTCTGCTCTGBCCTGCTGGBCTCTG GBTCTGBBGBTBCGCCBTGTBGGGGCGGBGTG GGCCTGCTCTCCCGGCCTCCGBTGBTCTCCCCT
5		GCCTCBGCCCCBGTGGGTBGGBGBBBGGCCBGCB GBBGCBGGBGTGCTTCCTG -3'
10		des-adenosine antisense sequences: HUMCTHGAS1: GTG GGG CCT GCT CTC CCG GCC TCC ( (SEQ ID NO:33) HUMCTHGAS2: TGTGTTGCTGGGTGTTTTCCCGTCTCTGG HUMCTHGAS3: TCT GCC TTC GGG GGT CGT
15	Human	defensin 1: 5'-CCGGGGCTGCBGCBBCCTCBTCBGCTCTTGCCT GGBGTGGCTCBGCCTGGGCCTGCBGGGCCBCCB GGBGBBTGGCBGGBGGGTCCTCB TGGCTGGGGTCBCBGBTCCTCTBGCTBGCCBGG GTGBCCBGBGGGCC-3'
20		des-adenosine antisense sequences: HUMDEF1AAAS1: GGG TCC TCB TGG CTG GGG (SEQ II NO:34) HUMDEF1AAAS2: GCC TGG GCC TGC BGG GCC HUMDEF1AAAS3: GCT CTT GCC TGG BGT GGC TC HUMDEF1AAAS4: GCC CBG BGT CTT CCC TGG T
25	Human	defensin 3: 5'-CGCTGCBBTCTGCTCCGGGGCTGCBGCBBCCTCBTC BGCTCTTGCCTGGBGTGGCTCBGCCTGGGCCTGCBG GGCCBCCBGGBGBBTGGCBGCBBGGBTGGCGBGGGT CCTCBTGGCTGGGGTCBCCTGGBGGBGGBGGBGGBGGGGGGGG
30		des-adenosine antisense sequences: HUMNTRIIIAS1: GGG TCC TCB TGG CTG GGG TC (SEC ID NO:35) HUMNTRIIIAS2: CCT CTC TCC CGT CCT
35	Human RECEP1	macrophage inflammatory protein-1-alpha: RANTES FOR 5'-GBGGGGGCBGCBGTTGGGCCCCBBBGGCCCTCTCGT TCBCCTTCTGGCBCGGBGTTGCBTCCCCBTBGTCBB BCTCTGTGGTCGTGTCBTBGTCCTCTGTGGTGTTTTG GBGTTTCCBTCCCGGCTTCTCTCTGGTTCCBBGGGB-3'
40		des-adenosine antisense sequences: HUMRANTESAS1: GTC TTT GTT TCT GGG CTC GTG CC (SEQ ID NO:36) HUMRANTESAS2: CCB TCC CGG CTT CTC TCT GGT TCC HUMRANTESAS3: GTC CTCTGT GGT GTT TGG HUMRANTESAS4: 5'-CCC TGC TTC CTT TTG CCT GTT
45		TCTTTGTTT CTGGGCTCGT GCC -3'

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5	RANTES:	5'-GGGCBCGGGCBGTGGGCGGCBBTGTBGGC BBBGCBGCBGGTGTGGTGT
		des-adenosine antisense sequences:
10		GGGTGTGGTCCG
		CTTGGCGGTTCTTTCGGGTG
		TTTCTTCTGGGTTGGC
15		CTGCTGCTCGTGGTC
		GCTCCGCTCCCGGGTTC
		GTCTCGCTCTGTCGCCC
20		CTTCCTTGTC
		GTGTTCCTCCCTTGCCTCT
	Human mus	carinic acetylcholine receptor HM1:
25 30		des-adenosine antisense sequences: HSHM1AS1: GTT CBT GGT GGC TBG GTG GGG C (SEQ ID NO:37) HSHM1AS2: GCT GCC CGG CGG GGT GTG CGC TTG GC HSHM1AS3: GCTCCCGTG CTC GGT TCT CTG TCTCCCGGT HSHM1AS4: CCC CCT TTG CCT GGC GTC TCG G HSHM1AS5: GCC TTC GTC CTC TTC CTC TTC CTTCC HSHM1AS6: 5'-GCT CCG TGG GGG CTG CTTGGTGGG GGCCTG TGC CTC GGG GTC C-3' HSHM1AS7: CGG GGC TTC TGG CCC TTG CC
35	Human mus	carinic acetylcholine receptor HM3:
		des-adenosine antisense sequences: HSHM3AS1: GGG GTG GGT BGG CCG TGT CTG GGG (SEQ ID NO:38)
40	•	HSHM3AS2: GTT GGC CBT GTT GGT TGC C HSHM3AS3: TCT TGG TGG TGC GCC GGG C HSHM3AS4: 5'-GCG TCT TGG CTT TCT TCT CCT TCG GGC CCT CGG GCC GGT GCT TGT GG-3'
		HSHM3AS5: 5'-GCT CCT CCC GGG CGG CCT CCC CGG GCG GGG GCT TCT TG-3'
45		HSHM3AS6: GCG CTG GCG GGG GGG CCT CCT CC HSHM3AS7: 5'-GCT CTG TGG CTG GGC GTT CCT TGG TGT TCT GGG TGG C-3' HSHM3AS8: TGG CGG GCG TGG TGG CCT CTG TGG TGG
		HSHM3AS9: GGG CCC GCG GCT GCB GGG G
50		HSHM3AS10: TTG CCT GTC TGC TTC GTC HSHM3AS11: CTT TGC GCT CCC GGG CCG CC

## Human fibronectin:

		des-adenosine antisense sequences: HUMFNA/HSFIB1AS1: CGG TTT CCT TTG CGG TC (SEC
		ID NO:39)
5		HUMFNA/HSFIB1AS2: TTG GCC CGG GCT CCG GGT G
		HUMFNA/HSFIB1AS3: CCC GCC CGC CCG CCG GCC GCCGC
		HUMFNA/HSFIB1AS4: 5'-CCC GCC GGG CTG TCC CCG
		CCC CGC CCC-3'
		HUMFNA/HSFIB1AS5: GGC CCG GGG CGC GGG GG
10		HUMFNA/HSFIB1AS6: CGG CCC TCC CGC CCC TCT GG
		HUMFNA/HSFIB1AS7: GCC GGC GCG GGC GTC GG
		HUMFNA/HSFIB1AS9: 5'-CCG CTC GCG CCT GGG GTT
		CCC TCT CCT CCCCCTGTGC-3'
		HUMFNA/HSFIB1AS10: GCC TGC CTC TTG CTC TTC
15		HUMFNA/HSFIB1AS11: TGC GTC CGC TGC CTT CTC CC
		HUMFNA/HSFIB1AS12: CTC TCC TCG GCC GTT GCCTGTGC
		HUMFNA/HSFIB1AS13: 5'-TGT CCG TCC TGT CGC CCT
		TCC GTG GTG C-3'
		HUMFNA/HSFIB1AS14: TGT TGT CTC TTC TGC CCT C
20		HUMFNA/HSFIB1AS15: GGT GTG CTG GTG CTGGTGGTGGTG
		HUMFNA/HSFIB1AS16: CCT CTG CCC GTG CTC GCC
		HUMFNA/HSFIB1AS17: CTG CCT GGG CTG GCCTCTTCGGGT
		HUMFNA/HSFIB1AS18: 5'-GTG GCT TTG GGG CTC TCT
25		TGG TTG CCC TTT-3'
25		HUMFNA/HSFIB1AS19: 5'-CTT CTC GTG GTG CCT CTC CTC GCC TTG GTC GT-3'
		HUMFNA/HSFIB1AS20: TGT CTG GGG TGG TGCTCCTCCC
		HUMFNA/HSFIB1AS21: TTT CCC TGC TGG CCG TTT GT
		HUMFNA/HSFIB1AS22: CCT GTT TTC TGT CTT CCT CT
30		HUMFNA/HSFIB1AS22: CCT GTT TTC TGT CTC CGT
30		HUMFNA/HSFIB1AS24: 5'-TTG GCT TGC TGC TTG CGG
		GGC TGT CTC C-3'
	•	HUMFNA/HSFIB1AS25: CTT GCC CCT GTG GGC TTT CCC
		HUMFNA/HSFIB1AS26: TGG TCC GGT CTTCTCCTTGGGGGTC
35		HUMFNA/HSFIB1AS27: GCC CTT CTT GGT GGG CTG
	•	HUMFNA/HSFIB1AS28: GCT CGT CTG TCT TTT TCC TTCC
		HUMFNA/HSFIB1AS29: 5'-TGG GGG TGG CCG TTG TGG
		GCG GTG TGG TCC GCC T-3'
		HUMFNA/HSFIB1AS30: TGC CTC TGC TGG TCT TTC
40	Human int	erleukin 8:
		5'-GBTGTTTGTTBCCBBBGCBTCBBGBBTBGCTTTGC
		TBTCTBBGGBTCBCBTTTBGBCBTBGGBBBBCGC
		TGTBGGTCBGBBBGBTGTGCTTBCCTTCBCBCBCBG
		BGCTGCBGBBBTCBGGBBGGCTGCCBBGBGBGCC
45		BCGGCCBGCTTGGBGTCBTGTTTBCBCBCBGTGBG-3'
		des-adenosine antisense sequences:
		HUMIL8AAS1: GTG CTC CGG TGG CTT TTT (SEQ ID
		NO:40)
		HUMIL8AAS2: GCT TGT GTG CTC TGC TGT CTC TG
50		HUMIL8AAS3: 5'-TTC CTT CCG GTG GTT TCT TCC TGG
		CTC TTG TCC T-3'
		HIMITADASA TTC TCT TCG CCC TTG GCC C

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	Human	5'-BCBGGGGCTGTBBTCTTCBTCTGCBGGTGGCB TGCCBGTGBBBTTTBGBTCBTCBBBBTCCCBCBT CTGTGGBTCTGTBBTBTTTTGBCBTGTCCTCTTC
5		BGTTTCBGCBBTGGTTTGBTCTBBCTGBBGCBCCG GCCBGG-3'
		des-adenosine antisense sequences: TGGCTCGGTGCTTCTGCCCC
10		TGTTGTTGCGGCGCTC
		GGTTGGTGGCCCCTG
		TGGTGCTTCGTTTCC
15		CCCTCTTTCTCTTTGTTC
		GGGGGTTCTTGTGGC
		GGGCTGCTTGTCTCGTTCC
20	Human	GM-CSF:
		5'-CTTGBGCBGGBBGCTCTGGGGCBGGGBGCTGGCBG
		GGCCCBGGGGGTGGCTTCCTGCBCTGTCCBGBGT
		GCBCTGTGCCBCBGCBGCBGCTGCBGGGCCBTCBG
		CTTCBTGGGGCTCTGGGTGGCBGGTCCBGCCBTGG
25		GTCTGGGTGGGCTGGGCTGCBGGCTCCGGGC-3'
	•	
		des-adenosine antisense sequences:
		HUMGCSFAS1:GGT CCB GCC BTG GGT CTG GG (SEQ II
		NO:41)
20		HUMGCSFAS2:GGC TGG GCT GCB GGC TCC GG HUMGCSFAS3: GCG GGC GGG TGC GGG CTG CGT GCT GGG
30		HUMGCSFAS1: GCG GGC GGG IGC GGG CIG CGI GCI GGG HUMGCSFAS4: GGC TGC CCC GCA GGC CCT GC
	Human	tumor necrosis factor α:
		5'-CBCCGCCTGGBGCCCTGGGGCCCCCTGTCTTCTTGGG GBGCGCCTCCTCGGCCBGCTCCBCGTCCCGGBTCBTGCTTT
Э.Г		CBGTGCTCBTGGTCTTTCCBGGGGBGBGBGGG-3'
35		CBG1GC1CB1GG1G1CC111CCDGGGGDGDGDGGGG-3
		des-adenosine antisense sequences
		HSTNFAAS1: GCT GGT CCT CTG CTG TCC TTG CTG (SEC
		ID NO:42)
		HSTNFAAS2: GTG CTC BTG GTG TCC TTT CC
40		HSTNFAAS3: GCC CTG GGG CCC CCC TGT CTT CTT GGGG
		HSTNFAAS4: CCT CTT CCC TCT GGG GGC CG
		HSTNFAAS5: TCT CTC TCC CTC TCT TGC GTC TCT C
		HSTNFAAS6: TCT TTC TCT CTC TCT CTC C
		HSTNFAAS7: TTT CCC GCT CTT TCT GTC TC
45		HSTNFAAS8: GGT GTC TGG TTT TCT CTC TCC
		HSTNFAAS9: GCT GGC TGC CTG TCT GGC CTG CGC TCTT
		HSTNFAAS10: GGC CTG TGC TGT TCC TCC
		HSTNFAAS11: TCC GGT TCC TGT CCT CTC TGT CTG TC
		HSTNFAAS12: GCC CCC TCT GGG GTC TCC CTC TGG C
50		HSTNFAAS13: GTG GTG GTC TTG TTG CTT

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HSTNFAAS14: GGG CTG GGC TCC GTG TCT C
HSTNFAAS15: CBG TGC TCB TGG TGT CC
HSTNFAAS16: GCT GBG GGB GCG TCT GCT GGC

Human leukotriene C4 synthase:

5 5'-CTCGGTBGBCGCGCTCGBBCTCGGGTGGGCCGGTGGTG
BGCGGCGGCGBCBCGCGGGBBGGCCCTGCGCGCGCGBGBTCBC
CTGCBGGGBGBBGTBGGCTTGCBGCBGGBCTCCCBGGBGGG
TGBCBGCBGCBGTBGBGCTBCCTCGTCCTTCBTGGTBCCG
TCGGTGTGGTGGCBCGGGCTGTGTGTGBBGGCGBGCTGG-3'

des-adenosine antisense sequences:

HSU11552AS1:GCC CCG TCT GCT GCT CCT CGT GCC G

(SEQ ID NO:43)

HSU11552AS2: 5'-CCT CGT CCT TCA TGG TAC CGT

CGGTGT GGT GGC-3'

15 HSU11552AS3: CTC GGG TGG GCC GGT GGT G
HSU11552AS4: GGG CGC GCG CGC TCG CGT

HSU11552AS5: 5'-GGC TCC GGC TCT TCT TTC CCG

GCTCCG TCG GCC CGG GGG CCTTGGTCTC-3'

HSU11551AS6:CCT CGT CCT TCB TGG TBC CG

20 Human Endothelin-1:

5'-BCCGGCGGBGCCGCCBGGGTGGBCTGGGBGTGGGTT TCTCCCCGCCGTTCTCBCCCBCCGCGCTGBGCTCBGCGC CTBBGBCTGCTGTTTCTGGBGCTCCTTGGCBBGCCBCBB BCBGCBGBGBBBBBTCBTGBGCBBBTBBTCCBTTCTGB

25 BBBBBBGGGBTCBBBBBCCTCCCGT-3'

des-adenosine antisense sequences:

CCCGTTCGCCTGGCGC

GCGCTGCGGGTTCCTC

GTGGGTTTCTCCCCGCCGTTCTC

30 CGGTCTGTTGCCTTTGTGGG

CTTCTTGTCTTTTTGGCT

GTTCTTTTCCTGCTTGGC

GTCTTTTCCTTTCTT

TGTGCTCGGTTGTGGGTC

35 CGCTGGTCCTTTGCC

CTGTGTGTTTCTGCTG

Endothelin receptor ET-B antisense oligonucleotides

5'-GCCCTGTCGGGCGGBBGCCTCTCTCCCCBG BTCCGCGBCBGGCGCBGGCBBGBBCCBGCGBBCCBGG GCGCGTCCGCBCBGBCTTGGBGGCGGCTGCBTGCTGCTB CCTGCTCCBGBBGCGTCCGGTGGCCGCCGC-3'

40

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des-adenosine antisense sequences: GCGTCCGGTGGCCGCCGC GCCTCTCTCCTCTCCCC GTGGCCCTGTCGGGCGGG TCCTGCCGTCCTGTCTCCTTT 5 TCTTTTGCTGTCTTGT CTTCCCGTCTCTGCTTT Endothelin ETA receptor antisense oligonucleotides 5'-CBTCCBCBTGBTTGCTTBGBTTTGTGCTGTBTCTCTCB GGBTTBTCBCTGBTTBCBCBTCCBBCCBGTGCCBGCCBBBB 10 GGBTGCCCTGBGGCBBBGGGTTTCCBTCTTGBGGCBBBTTT GBGGB-3' des-adenosine antisense sequences: GTCTGTCCTCCCGTCTCCTCCC 15 ACTGCTTCTCCCGGGG GCTTCCCCGGCTTC GGGTGGCCGGTGTCCCGGGCTCCGGCGCGCGCGC GGCTTCGGCTGC 20 GGGTGGGTGGCGCGG GCTGCCGGGTCCGCGCGCGCCTGGGCC CTTGTGCTGCTTTT 25 TGCTTGTTCCGTTC TGGCTGCTCCGGTCTGTGTTGTGTTTTTG TTTCTTCTTGGGTGTGGG 30 CCTTGCGGTTTTGG CTGTGGGCCCTTTG GGGCCTTGGCTTCTGGCTC 35 Substance P antisense oligonucleotide 5'-CTGCTGBGGCTTGGGTCTCCGGGCGBTTCTCTGCBGBBGBT GCTCBBBGGGCTCCGGCBGTTCCTCCTTGBTCTGGTCGCTGTCG TBCCBGTCGGBCCBGTBBTTCBGBTCBTCBTTGGCTCCTBTTTC TTCTGCBBBCBGCTGBGTGGBGBCBBGBBBBBBBGBCTGCCBBGG 40 CCBCGBGGBTTTTCBTGTTGGBTTTTGCGBCGGBCBGTCCCGCG GGGTGCTGAGTTTCTCTGGTTCCTCCGBGCGCB-3'

		des-adenosine antisense sequences: CGTGGTCGCTCCGC
		TTTCTCTGGTTCCTCCG
		GTCCCGCGGGGTGCTG
5		TCTGGTCGCTGTCGT
		GGCTTGGGTCTCCGGGCG
		GTTTCCTTCCTTTTCCGC
10	Substance	P receptor antisense oligonucleotide 5'-GGCTBBGBTGBTCCBCBTCBCTBCCBCGTTGCCCBCCBCB GBGGTCBCCBCBBTGBCCGTGTBGGCBGCTGCCCBBBGGBCBB TTTGCCBGGCTGGTTGCBCGBBCTGBTTGGGTTCCGBGGTGTT BGTGGBGBTGTTTGGGGBGBGGTCTGBGTCCBCCGGGBGGBCG TTBTCCBTTTCGBBGCTBGGCGGTBBBGCCCTBCTBTCTGTBC BCBBCCCCCCTCTGCBGCBGBGTCCTGTCGTGGCGCCTGGGGC TCBGGGTCC-3'
		des-adenosine antisense sequences: GTCCTGTCGTGGCGCCTGGGGCTC
20		TTCTTTTGTGGGCT
		CTTTGGTGGCTGTGGCTG
		TGGTCTCTGTGGTTG
25		CTGCCCTGGGTCTGG
		GGGTGTGGCCTTGGGCCCCCCCTCTCGTGGGCCCCC
30	Chymase	5'-GGBGCTGBTBCTGCBGATTTCBGBGGGBBGBBCCCT GBTBCTCBCCBGCTTCBGCTCTGGBGCBCBBGBBGBBGB GCBGCBGGGGBGBGGBBGBBGCBTCTTCCCBGBGB GGCTGCCTGBGCBBBTGCTGGTTTTCCTTTCC
35		des-adenosine antisense sequences: CGTTTTCTTCTCTC
		TGCTGGTTTTCCTTTCC
40		TGGCAGTGGGGGTGGGGTGGGC
		TTCCTTGTTCCTGGGGGTGTCCT
		CTTGCTCTGGGCTTTTCT
45	·	CCCCTTTTCCTTCC
		TGTCTGTTTTCCTGGGG

	CTCTCCTCTGTCTCTGTGT	
	CCTTGCCCTGGCCC	
5	TCTTCCCTCTCTCTCTCT	
	CCCTGTGTTCCGCCC	
	GTCTTCCCTCTCTG	
10	ACCTCCTTTTCCTCCG	
	CTGGGTGGGCCCTG	
	CCTGTTCTCTGCTCCC	
	TGGCTTGGGGTTTCTTCTG	
15	TGTGTCTTCTTCCTCTGTT	
	GGCTGGCTTTCTCCTTC	
	TTTTGTCTTCCTGGG	
	TGCCCCTTCTTCCTTTCTTGGG	
20	TCCTTGGTGCTTGGGCTGGG	
	Endothelial nitric oxide synthase	
25	5'-GCGTCTTGGGGTGCBGGGCCCBTCCTGCTGCGCCTGGG CTGBGGGTGTCBTBGGTGBTGCTCCCCBCCTCCCBGTTCTT CBCGBGGGBBCTTGGGCCCCTCTGGGGGCTGGGTTBGCGGG GCTCGGGGGGCTGTTCTTGGCGCTGGTGGGBGTBGGGBTG GGGGCCCGGCTCBGGCCCGGGTGGCTGGCCCTG TGCCGCBCBGCCCBBGGCCCBGCCCCBGCCCCBGCCCBG	CB GB CT CT GG
25	5'-GCGTCTTGGGGTGCBGGCCCBTCCTGCTGCGCCTGGG CTGBGGGTGTCBTBGGTGBTGCTCCCCBCTTCCCBGTTCTT CBCGBGGGBBCTTGGGCCCCTCTGGGGGCTGGGTTBGCGGG GCTCGGGGGGCTGTTCTTGGCGCTGGTGGGBGTBGGGBTG GGGGCCCGGCTGGGCTCBGGGCCGGGTGGCCCTG TGCCGCBCBGCCCBBGCCCCBGCCCCBGCCCCBGCCCCBG	CB GB CT CT GG
	5'-GCGTCTTGGGGTGCBGGGCCCBTCCTGCTGCGCCTGGG CTGBGGGTGTCBTBGGTGBTGCTCCCCBCCTCCCBGTTCTT CBCGBGGGBBCTTGGGCCCCTCTGGGGGCTGGGTTBGCGGG GCTCGGGGGGCTGTGTTCTGGCGCTGGTGGGBGTBGGGBTG GGGGCCCGGCTGGGCTCBGGGCCGGGGTGGCTGGGCCCTG TGCCGCBCBGCCCBBGGCCCBGCCCCBGCCCCBGGCCGCBG TGGCCCBGGCTCCTGGGCCBCGCTCTTCBBGTTGCCCBTGT CTGTGCGTCCGTCTGCTGGBGCBGCBGCBGBGTGGGBBTT des-adenosine antisense sequences:	CB GB CT CT GG
	5'-GCGTCTTGGGGTGCBGGGCCCBTCCTGCTGCGCCTGGG CTGBGGGTGTCBTBGGTGBTGCTCCCCBCCTCCCBGTTCTT CBCGBGGGBBCTTGGGCCCCTCTGGGGGCTGGGTTBGCGGG GCTCGGGGGGCTGTGTTCTGGCGCTGGTGGGBGTBGGGBTG GGGGCCCGGCTGGGCTCBGGGCCGGGGTGGCTGGGCCCTG TGCCGCBCBGCCCBBGGCCCBGCCCCBGCCCCBGGCCGCBG TGGCCCBGGCTCCTGGGCCBCGCTCTTCBBGTTGCCCBTGT CTGTGCGTCCGTCTGCTGGBGCBGCBGCBGBGTGGGBBTT des-adenosine antisense sequences: CTGTGCGTCCGTCTGCTGG	CB GB CT CT GG
	5'-GCGTCTTGGGGTGCBGGGCCCBTCCTGCTGCGCCTGGG CTGBGGGTGTCBTBGGTGBTGCTCCCCBCTTCCCBGTTCTT CBCGBGGGBBCTTGGGCCCCTCTGGGGGCTGGGTTBGCGGG GCTCGGGGGGCTGTGTTCTGGCGCTGGTGGGBGTBGGGBTG GGGCCCGGCTGGGCTCBGGGCCGGGTGGCTGGCCTG TGCCGCBCBGCCCBGGCCCBGCCCCBGCCCCBGCCCBG	CB GB CT CT GG
30	5'-GCGTCTTGGGGTGCBGGGCCCBTCCTGCGCCTGGG CTGBGGGTGTCBTBGGTGBTGCTCCCCBCTTCTT CBCGBGGGBBCTTGGGCCCCTCTGGGGGCTGGGTTBGCGGG GCTCGGGGGGCTGTGTTCTGGCGCTGGTGGGBGTBGGGBTG GGGCCCGGCTGGGCTCBGGGCCGGGTGGCTGGGCCCTG TGCCGCBCBGCCCBBGCCCBGCCC	CB GB CT CT GG
30	5'-GCGTCTTGGGGTGCBGGGCCCBTCCTGCGCCTGGGCCTGBGGGTGTCBTBGGTGBTGCTCCCCBCTTCCCBGTTCTTCBGGGGTGTCBGGGGGGGG	CB GB CT CT GG
30	5'-GCGTCTTGGGGTGCBGGGCCCBTCCTGCGCCTGGGCCTGBGGGTGTCBTBGGTGBTGCTCCCCBCTTCCCBGTTCTTCBGGGGTGTCBTGGGGTTGGGTGGG	CB GB CT CT GG
30	5'-GCGTCTTGGGGTGCBGGGCCCBTCCTGCTGCGCCTGGGCCTGBGGGTGTCBTBGGTGTGTGT	CB GB CT CT GG

	GGTGCCTGTGGCTGCC
	GGTTGCCCCGGTTGGTGGC
	GCCGTCCTGCTGCCGGT
	CGTTGGCTGGGTCCCCCGC
5	CCGTTTCCTGGGGTCC
	GCGTGGGGTGCTCC
	GGTTCCTCGTGCCG
	CTGCTGCCTTGTCTTTCC
	GGCCGTGGCGGCGTGGTCC
10	GCCCCCCTGGCCTTCTGCTC
• •	GGGGTCTGGCTGGT
	TGCCGGTGCCCTTGGCGGC
	GGTCTTCTTCCTGGTG
	GCTCTGGGCCCGGCCGGTCTCGG
15	GCGTCTCGTGTTCG
	CTCTTGTGCTGTTCCGGCCG
	CTCCTTCCTCTTCCGCCGCC
•	GCCGCTCCCCGCCC
20	GCTCGTCGCCCTGGCCC
•	GGCCTCCTCCTGGCCGC
	TGTCTCGGGCGGCCCTTGGC
	GCTCCGTTTGGGGCTG
	CCTCTGGCGCTTCC
25	GGCCCTCGGCCTGGGCGCTC
	TCTTCCGCCTGTGC
	TGGTGGCCCTCGTGG
	GCCCCTCCTGGCCTCCGGTGTCC
•	TGTGGTCCCCCGGCTGGT

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	Inducible	nitric oxide synthase 5'-CTGCCCCBGTTTTTGBTCCTCBCBTGCCGTC
25		GGCGTTTTGCTCCTTCCTGG
2.5		GGCGGGCTGGTCCT
		CCTCCTGGGTGCGC
20		CGTCGCCGGCCTCGTCC
		TGTCGCCCTCCGTCGCC
15		TGTGGCCCGCTCG
a =		GGTCTTGGGGTTGTC
		CCCCGCGCTGCTGGGCGTTCTGC
10		GGGTCTCCGGGCTTG
		TCTCTCCTGGGTGGGTGCCG
Э		GCTCCTGCTGTTCCCTGGGCTCTTCTGCC
5		GCCGGGGTCCCGC
		GGGCTGCCCTTCTCC
		GTGGGCGCGGGGTCCTCC
		GGCCGGCCGGTTGGGCGGGC

# Human major basic protein: GTTTCATCTT GGCTTTATCC (SEQ ID NO:44)

40 EXAMPLE 6

Turning now to Figure 3, two asthmatic rabbits were adminstered adenosine, and two rabbits were adminstered dAMP, at the indicated concentrations, by inhalation as described above in Example 3. The results (shown in Figure 3 as change in compliance) indicate that dAMP, a breakdown product of antisense

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oligodeoxynucleotides containing adenosine, is as potent in the induction of bronchoconstriction as adenosine in the hyperresponsive airways of asthmatic rabbits.

#### EXAMPLE 7

5 An aerosolized phosphorothioate antisense ODN consisting of 50% adenosine and 50% guanine plus cytosine in a random configuation was found to potent bronchoconstrictor effects hyperreactive airways of asthmatic rabbits. as 10 illustrated in Figure 4. The control molecule used in this study, a phosphorothioate 21-mer antisense ODN consisting of 50% guanine and 50% thymidine plus cytosine (des-adenosine ODN) produced no bronchoconstrictor or any other effect in these same animals.

In this study, bronchoconstrictor effects were measured as a percentage change in bronchial compliance. Each group consisted of two allergic rabbits, and data shown are for the period following the second of two daily administrations of 5 mg aerosolized ODN by nebulizer.

These results indicate that antisense oligonucleotides, even when modified to slow degradation, adenosine metabolites capable of produce potent bronchoconstriction when adminstered in asthmatic 25 airways.

The foregoing examples are illustrative of the present invention, and are not to be construed as limiting thereof. The invention is defined by the following claims, with equivalents of the claims to be included therein.

#### SEQUENCE LISTING

- (1) GENERAL INFORMATION:
  - (i) APPLICANT: Nyce, Jonathan W.
  - (ii) TITLE OF INVENTION: Method of Treatment of Lung Diseases Using Antisense Oligonucleotides
  - (iii) NUMBER OF SEQUENCES: 44
  - (iv) CORRESPONDENCE ADDRESS:
    - (A) ADDRESSEE: Kenneth D. Sibley
    - (B) STREET: Post Office Drawer 34009
    - (C) CITY: Charlotte (D) STATE: NC

    - (E) COUNTRY: USA
    - (F) ZIP: 28234
  - (v) COMPUTER READABLE FORM:
    - (A) MEDIUM TYPE: Floppy disk

    - (B) COMPUTER: IBM PC compatible
      (C) OPERATING SYSTEM: PC-DOS/MS-DOS
      (D) SOFTWARE: PatentIn Release #1.0, Version #1.30
  - (vi) CURRENT APPLICATION DATA:
    - (A) APPLICATION NUMBER:
    - (B) FILING DATE:
    - (C) CLASSIFICATION:
  - (viii) ATTORNEY/AGENT INFORMATION:

    - (A) NAME: Sibley, Kenneth D.(B) REGISTRATION NUMBER: 31,665
    - (C) REFERENCE/DOCKET NUMBER: 5218-32
    - (ix) TELECOMMUNICATION INFORMATION:
      - (A) TELEPHONE: (919) 881-3140 (B) TELEFAX: (919) 881-3175 (C) TELEX: 575102
- (2) INFORMATION FOR SEQ ID NO:1:
  - (i) SEQUENCE CHARACTERISTICS:
    - (A) LENGTH: 21 base pairs

    - (B) TYPE: nucleic acid(C) STRANDEDNESS: single
    - (D) TOPOLOGY: linear
  - (ii) MOLECULE TYPE: DNA (genomic)
  - (xi) SEQUENCE DESCRIPTION: SEQ ID NO:1:

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GTT	GTTGGGC ATCTTGCC	18
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(ii) MOLECULE TYPE: DNA (genomic)	
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(ii) MOLECULE TYPE: DNA (genomic)	
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GCCTTTCCTG GTTCTCTT	18
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(ii) MOLECULE TYPE: DNA (genomic)	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:16:	
GGTGTGCGGG GCCTGGTGCC	20
(2) INFORMATION FOR SEQ ID NO:17:	
<ul> <li>(i) SEQUENCE CHARACTERISTICS:</li> <li>(A) LENGTH: 19 base pairs</li> <li>(B) TYPE: nucleic acid</li> <li>(C) STRANDEDNESS: single</li> <li>(D) TOPOLOGY: linear</li> </ul>	
(ii) MOLECULE TYPE: DNA (genomic)	
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(xi) SEQUENCE DESCRIPTION: SEQ ID NO:17:	
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(ii) MOLECULE TYPE: DNA (genomic)	

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(ii) MOLECULE TYPE: DNA (genomic)	
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GCCCTGCTGC TCTTTCTGCT	20
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GCGCTCGGCC TGGTCCCGG	19
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22 27272222 2222222	22

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( :) CECUENCE DECODERTION CEO ED NO CO	
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	19
(2) INFORMATION FOR SEQ ID NO:24:	
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(ii) MOLECULE TYPE: DNA (genomic)	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:24:	
CTCTGCTGGT TTTCTGCCCT CTGCCC	26
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(i) SEQUENCE CHARACTERISTICS:  (A) LENGTH: 41 base pairs  (B) TYPE: nucleic acid  (C) STRANDEDNESS: single  (D) TOPOLOGY: linear	

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(ii) MOLECULE TYPE: DNA (genomic)

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GCT	TCTCTTT CGTTCCCGGT GGGCTCG	27
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	( ) ) GEOUTION DECORATION OF A 10 NO 00	
007	(xi) SEQUENCE DESCRIPTION: SEQ ID NO:30:	
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TGGT	rggggct ggggctccgg ggtctctgcc cctccgtgc	39
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\-/	The contract of the second sec	

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-56-

	<pre>(ix) FEATURE:     (A) NAME/KEY: misc_feature     (B) LOCATION: 9     (D) OTHER INFORMATION: /standard_name= "Reduced A"</pre>	
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GGGGTGGGTA GGCCGTGTCT GGGG	24
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GCC	CCGTCTG CTGCTCCTCG TGCCG	25
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- (ii) MOLECULE TYPE: DNA (genomic)
- (ix) FEATURE:
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    (B) LOCATION: 17
    (D) OTHER INFORMATION: /standard\_name= "Reduced A"
- (xi) SEQUENCE DESCRIPTION: SEQ ID NO:44:

GTTTCATCTT GGCTTTATCC

20

#### THAT WHICH IS CLAIMED IS:

1. A method of treating airway disease in a subject in need of such treatment, comprising:

topically administering an antisense oligonucleotide to the airway epithelium of said subject in an amount effective to treat said disease;

said antisense oligonucleotide being essentially free of adenosine.

- A method according to claim 1 wherein said airway disease is a lung disease and said airway
   epithelium is a lung airway epithelium.
- 3. A method according to claim 1 wherein said antisense oligonucleotide comprises nucleotides in which at least one phosphodiester linkage is replaced with a linkage selected from the group consisting of methylphosphonate linkages, phosphotriester linkages, phosphorothicate linkages, and phosphoramidate linkages.
- 4. A method according to claim 1 wherein said airway disease is selected from the group consisting of cystic fibrosis, asthma, chronic obstructive pulmonary disease, bronchitis, and other airway diseases characterized by an inflammatory response.
- A method according to claim 1 wherein said 5. antisense oligonucleotide is targeted against an mRNA encoding a protein selected from the group consisting of human A2b adenosine human A2a adenosine receptor, receptor, human IgE receptor  $\beta$ , human Fc-epsilon receptor CD23 antigen, human histidine decarboxylase, human beta prostaglandin D tryptase, human tryptase-I, human human cyclooxygenase-2, human eosinophil 30 synthase, cationic protein, human eosinophil derived neurotoxin, human eosinophil peroxidase, human intercellular adhesion

human vascular cell (ICAM-1), molecule-1 molecule 1 (VCAM-1), human endothelial leukocyte adhesion molecule (ELAM-1), human P selectin, human endothelial monocyte activating factor, human IL-3, human IL-4, human 5 IL-5, human IL-6, human IL-8, human monocyte-derived neutrophil chemotactic factor, human neutrophil elastase, human neutrophil oxidase factor, human cathepsin G, human defensin 3, human macrophage human defensin 1. human muscarinic protein-1-alpha, inflammatory 10 acetylcholine receptor HM1, human muscarinic acetylcholine receptor HM3, human fibronectin, human GM-CSF, human tumor necrosis factor  $\alpha$ , human leukotriene C4 synthase, human major basic protein, and endothelin 1.

- 6. A method according to claim 1 wherein said antisense oligonucleotide is delivered by administering an aerosol of respirable particles containing said antisense oligonucleotide to the lungs of said subject.
- 7. A method according to claim 6, wherein said particles are selected from the group consisting of solid particles and liquid particles.
  - 8. A method according to claim 6, wherein said aerosol is comprised of particles having a particle size within the range of about 0.5 to 10 microns.
- 9. A method according to claim 8 wherein said 25 particles are liposomes containing said antisense oligonucleotide.
- 10. A method according to claim 6 wherein said antisense oligonucleotide is administered in amount sufficient to achieve intracellular concentrations of said antisense oligonucleotide in said subject from about 0.1 to 10  $\mu M$ .

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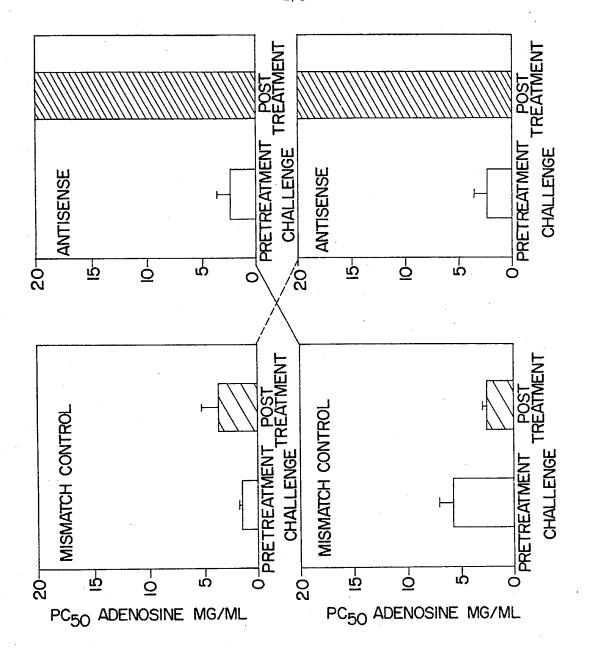
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11. A pharmaceutical composition, comprising, together in a pharmaceutically acceptable carrier:

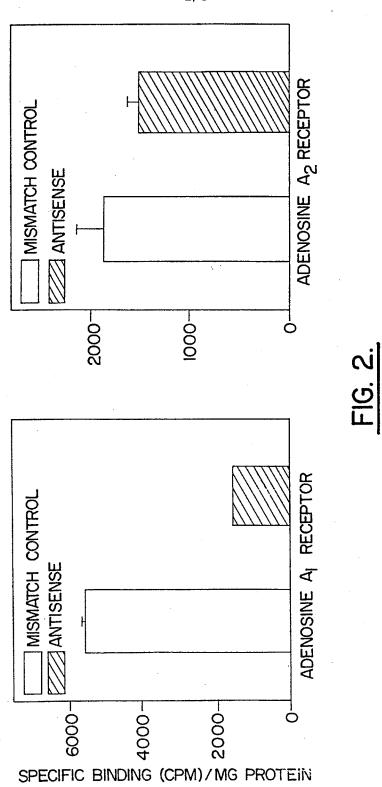
an antisense oligonucleotide in an amount effective to treat an airway disease;

- 5 said antisense oligonucleotide being essentially free of adenosine.
  - 12. A pharmaceutical composition according to claim 11 wherein said airway disease is a lung disease and said airway epithelium is a lung airway epithelium.
- 13. A pharmaceutical composition according to claim 11 wherein said antisense oligonucleotide comprises nucleotides in which at least one phosphodiester linkage is replaced with a linkage selected from the group consisting of methylphosphonate linkages, phosphorotiester linkages, phosphorothioate linkages, phosphorodithioate linkages, and phosphoramidate linkages.
  - 14. A pharmaceutical composition according to claim 11 wherein said airway disease is cystic fibrosis.
- A pharmaceutical composition according to claim 11 wherein said antisense oligonucleotide is 20 targeted against an mRNA encoding a protein selected from the group consisting of human A2a adenosine receptor, human A2b adenosine receptor, human IgE receptor  $\beta$ , human Fc-epsilon receptor CD23 antigen, human histidine 25 decarboxylase, human beta tryptase, human tryptase-I, human prostaglandin D synthase, human cyclooxygenase-2, human eosinophil cationic protein, human eosinophil derived neurotoxin, human eosinophil peroxidase, human molecule-1 intercellular adhesion (ICAM-1), human vascular cell adhesion molecule 1 (VCAM-1), human endothelial leukocyte adhesion molecule (ELAM-1), human P selectin, human endothelial monocyte activating factor, human IL-3, human IL-4, human IL-5, human IL-6, human IL-

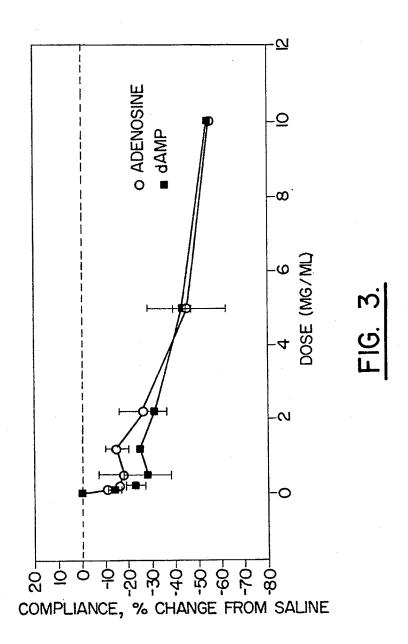
- 8, human monocyte-derived neutrophil chemotactic factor, human neutrophil elastase, human neutrophil oxidase factor, human cathepsin G, human defensin 1, human defensin 3, human macrophage inflammatory protein-1-alpha, human muscarinic acetylcholine receptor HM1, human muscarinic acetylcholine receptor HM3, human fibronectin, human GM-CSF, human tumor necrosis factor α, human leukotriene C4 synthase, and human major basic protein.
- 16. A pharmaceutical composition according to claim 11 wherein said antisense oligonucleotide is delivered by administering an aerosol of respirable particles containing said antisense oligonucleotide to the lungs of said subject.
- 17. A pharmaceutical composition according to claim 16, wherein said particles are selected from the group consisting of solid particles and liquid particles.
- 18. A pharmaceutical composition according to claim 16, wherein said aerosol is comprised of particles having a particle size within the range of about 0.5 to 20 10 microns.
  - 19. A pharmaceutical composition according to claim 16 wherein said particles are liposomes containing said antisense oligonucleotide.
- 20. A pharmaceutical composition according to claim 11 wherein said antisense oligonucleotide is administered in amount sufficient to achieve intracellular concentrations of said antisense oligonucleotide in said subject from about 0.1 to 10  $\mu$ M.
- 21. A pharmaceutical composition according to 30 claim 11, wherein said antisense oligonucleotide is conjugated to a molecule capable of cellular uptake.



F1G. 1.



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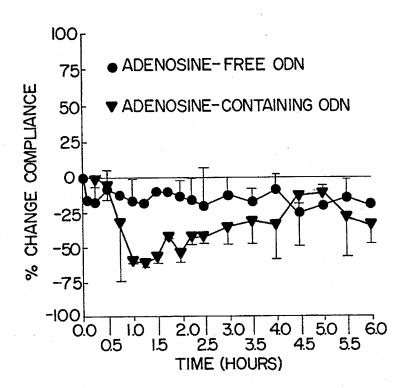


FIG. 4.

# INTERNATIONAL SEARCH REPORT

International application No. PCT/US96/09306

A. CLASSIFICATION OF SUBJECT MATTER IPC(6) :A61K 31/70					
US CL :514/44; 536/23.1		,			
According to International Patent Classification (IPC) or to both	n national classification and IPC				
B. FIELDS SEARCHED  Minimum documentation searched (classification system follows)	ed by classification symbols)				
U.S. : 514/44; 536/23.1	·				
Documentation searched other than minimum documentation to the	ne extent that such documents are included	in the fields searched			
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Electronic data base consulted during the international search (r	name of data base and, where practicable	, search terms used)			
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C DOCUMENTS CONCIDEDED TO BE DELEVANT					
C. DOCUMENTS CONSIDERED TO BE RELEVANT					
Category* Citation of document, with indication, where a	ppropriate, of the relevant passages	Relevant to claim No.			
X US 5,514,788 A (BENNETT (07.05.93), see entire document, e	especially Abstract, column	1-6, 11-13, 15, 16			
Y 3, lines 15-18, column 5, lines 2 and 3.	1-29, column 9, Figures 2	7-10, 14, 17- 20, 21			
(03.02.94), see entire document,	(03.02.94), see entire document, especially page 5, lines 9- 14, 16, 17, 19				
Y 15, page 18, line 28, page 20, page 21, lines 2-5.	imes 2-5 , 11-15 and 31,	8, 10, 18, 20, 21			
Y US 5,264,618 A (FELGNER ET (23.11.93), see entire document, 40-42 and 54-56, column 8, line 12-15.	especially column 7, lines	7-10, 17-20			
X Further documents are listed in the continuation of Box	C. See patent family annex.				
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Date of the actual completion of the international search  Date of mailing of the international search report					
18 AUGUST 1996 <b>03</b> SEP 1996					
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Facsimile No. (703) 305-3230 Form PCT/ISA/210 (second sheet)(July 1992)*	Telephone No. (703) 308-0196	<del></del>			

## INTERNATIONAL SEARCH REPORT

International application No.
PCT/US96/09306

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No
Y	KNIGHT, V et al. Antiviral therapy with small particle aerosols.	7-10, 17-20
	European Journal of Clinical Microbiology and Infectious Diseases. December 1988, Vol. 7, No. 6, pages 721-731, Abstract only.	7 10, 17-20
Č.	SCHREIER, H. The new frontier: gene and oligonucleotide therapy. Pharmaceutica Acta Helvetiae. January 1994, Vol. 68, No. 3, pages 145-159, Abstract only.	14
?	US 5,521,291 A (CURIEL ET AL.) 15 December 1993 (15.12.93), see entire document, especially column 13, lines 49-54, column 25, lines 17-19, 46-50, 50-62.	21
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## INTERNATIONAL SEARCH REPORT

International application No. PCT/US96/09306

B. FIELDS SEARCHED  Electronic data bases consulted (Name of data base and where practicable terms used	ለት			
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Medline, Biosis, Biotechds, Caplus, CJACS, Embase, Toxlit Terms: (antisense or anti-sense); therap?; (lung disease or asthma or airway disease or bronchial?); adenosine; (cystic fibrosis or CF); liposome; (micron# or microm?); aerosol; Nyce J?/au; Metzger, w J?/au				
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